

**2025 SAFE-T-CITY APPLICATION  
TORCH Program**

**Office Use Only**

Date Received \_\_\_\_\_

Confirmed \_\_\_\_\_

<b>PLEASE PRINT LEGIBLY</b>			
<b>Child's Name</b>		<b>Parent/Guardian</b>	
<b>Child's Address</b>		<b>Home Phone</b>	
<b>City</b>	<b>Zip</b>	<b>Cell Phone</b>	
<b>Date of Birth</b>		<b>Age</b>	<b>Work Phone</b>
<b>Child's sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Email address</b>	
<b>Child will be attending _____ school. (in fall)</b>			
<b>EMERGENCY INFORMATION</b>			
<b>Emergency Contact - please list persons to be contacted, if parents cannot be notified. (Different from those above)</b>			
<b>Name</b>	<b>Relationship to Child</b>	<b>Phone (xxx-xxx-xxxx)</b>	
1)			
2)			
<b>Child's Doctor</b>		<b>Phone Number</b>	
<b>Special needs/medical issues/allergies that the instructors at Safe-T-City will need to know about your child:</b>			
_____			
_____			
_____			
<b>Dates of TORCH Session</b>		<b>Class Time</b>	
<b>August 4th – August 8th</b>		<b>8:30 a.m. - 11:30 a.m.</b>	
<p align="center"><b>Early return of the registration form is recommended due to limited enrollment.</b></p> <p>You will receive a confirmation in the mail. If you provided an email address on this form, you will receive an email confirmation. Upon receipt, be sure to print it out for your records.</p>			
<p><i>*I hereby give my consent for my child _____ to participate in the Safe-T-City Program. I understand that I am responsible for transportation to and from the Scott Park Shelter House, at 2201 Nebraska Avenue.</i></p> <p><b>Parent/Guardian Signature:</b> _____</p>			

**Please mail completed forms to:**

Safe-T-City, Scott Park District Station, 2301 Nebraska Avenue, Toledo, OH 43607

Registrations forms may also be faxed to (419) 936-3859 or e-mailed to: [safe.t.city@gmail.com](mailto:safe.t.city@gmail.com)

Any questions, please call: 419-936-2984