

**2026 SAFE-T-CITY APPLICATION
TORCH Program**

Office Use Only

Date Received _____

Confirmed _____

| | | | |
|---|------------------------------|-------------------------------|-------------------|
| PLEASE PRINT LEGIBLY | | | |
| Child's Name | | Parent/Guardian | |
| Child's Address | | Home Phone | |
| City | Zip | Cell Phone | |
| Date of Birth | | Age | Work Phone |
| Child's sex <input type="checkbox"/> Male <input type="checkbox"/> Female | | Email address | |
| Child will be attending _____ school. (in fall) | | | |
| EMERGENCY INFORMATION | | | |
| Emergency Contact - please list persons to be contacted, if parents cannot be notified. (Different from those above) | | | |
| Name | Relationship to Child | Phone (xxx-xxx-xxxx) | |
| 1) | | | |
| 2) | | | |
| Child's Doctor | | Phone Number | |
| Special needs/medical issues/allergies that the instructors at Safe-T-City will need to know about your child: _____ _____ _____ | | | |
| Dates of TORCH Session | | Class Time | |
| August 3rd – August 7th | | 8:30 a.m. - 11:30 a.m. | |
| <p align="center">Early return of the registration form is recommended due to limited enrollment.</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>Parent/Guardian Signature: _____</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

Any questions, please call: 419-936-2984

2026 Safe-T-City Application

Toledo Police Department

| Photo Release | | |
|--|--|--------------------------------|
| Please sign this form to give your permission to take pictures of your child during the Safe-T-City program. 1. To send letters of gratitude when companies donate materials to Safe-T-City or when we have special visitors/speakers. 2. To use in the classroom for different projects to help student learning, social media etc. | <input type="checkbox"/> I give you permission to take pictures of my child for the reasons listed. | Parent Signature: _____ |
| | <input type="checkbox"/> I DO NOT give you permission to take pictures of my child for the reasons listed. | Date: _____ |
| School Bus Permission | | |
| Students learn about bus safety during the program. A school bus ride has been scheduled for your child's class. The bus will take a ride around the blocks located near the Safe-T-City building. We require each child to have an advance written permission to go on the bus ride. <u>Students who do not have prior written permission will not be able to participate in the bus ride.</u> | <input type="checkbox"/> I give permission for my child to go on the school bus ride. | Parent Signature: _____ |
| | <input type="checkbox"/> I DO NOT give permission for my child to go on the school bus ride. | Date: _____ |

Safe-T-City 2201 Nebraska Ave. Toledo, OH 43607 (419) 936-2984 E-mail: safe.t.city@gmail.com