

**BAINBRIDGE-AUBURN SAFETY TOWN
REGISTRATION FORM**

July 8th thru July 19th. 2019 - Monday thru Friday

PLEASE PRINT:

Child's Name: _____

Parent or Guardian: _____

Address: _____

Home Phone: _____ Cell Phone: _____
(Please circle which number you want on your child's name tag)

E-mail address: _____
(required for class time notification)

Emergency Contact Name: _____

Phone Number: _____

Relationship to child: _____

Times: "1" first choice, "2" second choice:

() 8:00 a.m. to 9:15 a.m.

() 9:45 a.m. to 11:00 a.m.

() 12:00 p.m. to 1:15 p.m.

Does your child have any allergies or medical problems we should be
Aware of? Yes ___ No ___ If yes, please explain: _____

We will not administer any medications.

**IF YOU DO NOT GET A CALL FROM US, IT'S BECAUSE
YOUR CHILD WAS PLACED IN YOUR FIRST CHOICE CLASS.**

If you have any questions, e-mail us at the following:
marconie@pd.bainbridgetwp.com or chief@pd.bainbridgetwp.com