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Dear Parent/Guardian,

We are looking forward to welcoming another group of new kindergartners to Highland Safety Week. Our program is designed to introduce and reinforce safety concepts to our children who are broadening their world by beginning elementary school. Safety Week is a five day program which lasts three hours each day. We will emphasize fun and learning through the use of songs, crafts, role playing, games and field trips.

The Medina County Sheriff's Office has been very generous with their support of our program. Deputy Sharon Centner, Highland's D.A.R.E. Officer, teaches a class each of the five days during Safety Week. She will be talking to the children about Stranger Safety, Bike Safety and Good Medicines. She will be bringing in a 911 training unit, so that your child will be able to make a 911 call and talk to a "real operator". The children will also be visited by McGruff the Crime Dog, Eddie Eagle (gun safety) and Safety Pup.

The Medina County Health Department will be talking to the children about Poison Safety and Germs. The Granger, Hinckley and Sharon Fire Departments work together to teach the students about Fire Safety. The children will be able to get an up-close look at a fire truck and ambulance. They will be able to take a tour through the fire department's Smoke House.

We will also be teaching about Playground Safety and School Bus Safety and the children will be able to go for a short ride on the school bus. The children will learn about traffic signs and safety. We will help them memorize their address and phone number.

We will be running two, one-week sessions of Safety Week. **The first session will be June 5-9 from 9:00 a.m. until 12:00 p.m. The second session will be June 12-16 from 9:00 a.m. until 12:00 p.m.** A maximum of 105 students may enroll in the Highland Safety Week program each week. A registration fee of \$30.00 is charged to cover materials used during the week. Each student will receive a Highland Safety Week T-shirt. A snack will be provided each day.

On Monday, we ask that you bring your child into the Granger Elementary School gym. We will introduce your child to their Safety Week teachers at that time. For the remainder of the week, we have a "drop-off" and "pick-up" procedure for the children. We will explain the details of this procedure on Monday morning. Please make your check payable to "**HIGHLAND SAFETY WEEK**" and mail it with your

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completed registration form to Diane Bloniak at the address on the bottom of the registration form
before May 1

You will receive an e-mail before May 22 verifying you child's registration. If you do not have an e-mail address, a postcard will be sent. If you are not notified by then please e-mail (dbloniak@highlandschools.org) or call Diane Bloniak at 330-239-1901, ext. 2442. Thank you for your interest and we look forward to seeing you and your child in June!

Sincerely,

Diane Bloniak

Highland Safety Week Coordinator

Highland Safety Week – Registration Form

Child's Name: _____ Sex: M F Birth Date: _____

Address: _____ City: _____ Zip: _____

Email: _____ Home Phone: _____

Mother's Name: _____ Father's Name: _____

Mother's Phone: _____ Father's Phone: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Mother's Cell Phone: _____ Father's Work Phone: _____

Person to be contacted in an emergency in the event that a parent cannot be contacted:

Name: _____ Relationship to Child: _____

Street Address: _____ Phone Number: _____

My child will be attending kindergarten at: Hinckley Granger Sharon

I am requesting the week of: June 5-9 June 12-16 (circle one)

EACH WEEK WILL MAX OUT AT 105 STUDENTS. WE CANNOT GUARANTEE ANY CHOICES.

Please choose T-shirt size: Youth Small Youth Med. Youth Large Adult Small

Any pertinent background information you feel we should know to better aid your child:

I give Highland Safety Week my permission to let my child take a ride on a school bus.

Parent Signature: _____ Date: _____

I give Highland Safety Week my permission to photograph/video my child during this week's activities. (May be used for promotional purposes)

Parent Signature: _____ Date: _____

Are your child's immunizations up to date? Yes No

List all of your child's allergies and any precautions or treatments indicated for these allergies:

List any medications, food supplements, or modified diets currently being administered to your child: _____

List your child's chronic physical problems and history of hospitalization if any: _____

List any diseases your child has had: _____

Child's physician: _____ Phone: _____

Child's dentist: _____ Phone: _____

Parent Signature: _____ Date: _____

MEDICAL EMERGENCY AUTHORIZATION

Either Part I or Part II below must be completed. Do not complete both.

Part I: Permission to transport child.

I give Highland Safety Week permission to transport my child: _____

(Child's Name)

To: _____ for emergency medical or

(Name of Hospital)

dental care, or to the nearest available source of assistance.

Parent Signature: _____ Date: _____

Part II: Refusal to grant permission.

I do not give permission to the Highland Safety Week to transport my child _____ for emergency medical or dental care. In the event of a illness or injury which requires emergency medical or dental treatment, I wish the following actions to be taken

Parent Signature: _____ Date: _____

Mail this form along with your check for \$30.00

Made payable to Highland Safety Week to:

Diane Bloniak

3940 Ridge Road

Medina, Oh 44256