

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 8-12. The second session will be June 15-19. Both sessions will be held from 9 a.m. to 12 p.m.** A maximum of 105 students may enroll in the program each week. A registration fee of \$30 is charged to cover materials used during the week. Each student will receive a Highland Safety Week T-shirt and a snack will be provided each day.

On Monday, we ask that you bring your child into the Granger Elementary School gym. You will receive your child's T-shirt and we will introduce your child to their Safety Week teachers. There will be a quick parent meeting at this 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 completed registration form to Diane Bloniak at the address on the bottom of the registration form **by April 24.**

You will receive an e-mail by 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 that time, please e-mail [dbloniak@highlandschools.org](mailto:dbloniak@highlandschools.org) or call 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 Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Phone number you would like your child to practice: \_\_\_\_\_

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 8-12 or June 15-19 (circle one)

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

Please choose T-shirt size: Youth Small Youth Medium Youth Large Adult Small

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

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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:

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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: \_\_\_\_\_

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### **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 (child's name) \_\_\_\_\_

to (name of hospital) \_\_\_\_\_ for emergency medical or dental care, 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 an illness or injury that requires emergency medical or dental treatment, I wish the following actions to be taken:

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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail this form along with check for \$30, made payable to Highland Safety Week to:  
Diane Bloniak, 3940 Ridge Road, Medina, OH 44256**