

2022 SAFETY TOWN REGISTRATION FORM



- Once enrolled, you will receive an email link to a **computer generated receipt**.
- Parents will receive an email from ePACT following registration. This is where all medical information and other questions **MUST** be filled out.

Participant Information:

First Name _____ Last Name _____
Gender: M F Other: _____ Date of Birth _____ Phone (____) _____
Address (street, city, state and zip code) _____
School Attending in Fall 2022 _____ Grade for Fall 2022 : _____
Choose your child's youth T-shirt size: small medium large

Please complete the following questions:

Child's head circumference in inches. Measure your child's head just above the eyebrows and around the back of the head. Select the circumference measured in inches: XS (20-21.25in) S/M (21.25-22.50in) L/XL (22.75-24.50in) Does not need a helmet

Does your child speak and understand English? Yes No

Please list any Special Friend Placement Requests _____

List **ALL** adults (not a parent), who have permission to pick up your child. **Everyone must provide a picture ID.**

Does your child have/use an inhaler? Yes No

Does your child have/use an AUVI-Q/EPIPEN? Yes No

Please list any allergies or medical conditions, or other information you would like our staff to know that might help make your child's experience more comfortable and enjoyable or write none:

Does your child have an IEP / 504? Yes No

If **Yes**, please write details that will help us provide the right support. Then fill out and submit the "[Special Needs Planning Survey](#)"

Please select **ONE** of the choices listed below:

Morning Session Price: \$129

Full-Day Session Price: \$279

June 27-July 1	Morning Session 1	____ ID#8801.401	or	Full-Day Session 1	____ ID#8802.401
July 11-15	Morning Session 2	____ ID#8801.402	or	Full-Day Session 2	____ ID#8802.402
July 18-22	Morning Session 3	____ ID#8801.403	or	Full-Day Session 3	____ ID#8802.403
July 25-29	Morning Session 4	____ ID#8801.404	or	Full-Day Session 4	____ ID#8802.404

(100% scholarship families pay \$5 total for the morning-only program or \$15 total for the full-day camp.)

Parent/Guardian(s) and Contact Information: (This information will be used for emergency contact)

FIRST NAME(S) _____ LAST NAME(S) _____

EMAIL(S) _____

ADDRESS(ES) _____ City _____ State _____ Zip Code _____

OR check here if address is the same as above

CELL PHONE (____) _____ OTHER (____) _____

TURN OVER AND FILL OUT PAYMENT INFORMATION AND PERMISSIONS & AGREEMENTS

Payment Information:

Cash Check (Make check to Ann Arbor Public Schools) Credit Card Scholarship # _____

IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING PAYMENT INFORMATION:

PRINT NAME EXACTLY as it appears on the credit card: _____

VISA MASTERCARD AMEX CARD # _____

EXPIRATION DATE _____ CVC # (security code) _____ AMOUNT CHARGED \$ _____

SIGNATURE (REQUIRED) _____

I agree to pay the above total amount according to the card issuer's agreement and the Community Education & Recreation [Refund/Credit Policy](#) as listed on the website.

SAFETY TOWN PERMISSIONS & AGREEMENTS

Safety Town 1/2 day Program Waiver: By registering my child I am agreeing to all of the following: 1)I will provide a morning snack of fruits and/or vegetables.2) If my child's extreme behavior puts another child in danger, I will pick my child up promptly upon request and I understand that my child may not be able to return to the program. 3)I give my permission for my child to be photographed and/or videotaped during Safety Town. I agree that these pictures/videos may be used on the AAPS and Rec & Ed websites, Rec & Ed Catalogs and Facebook pages to promote the Safety Town Program. I understand that no names are ever used. I further understand that if I wish to opt out of this policy that I will need to email: dishman@aaps.k12.mi.us and request that my child not participate in photos or videos. 4) If offered, I give my permission to AAPS Safety Town program for my child to be transported in a school bus within the Wines Elementary School neighborhood for the School Bus Safety Training.

Photo & Social Media Waiver: I understand and agree that the Ann Arbor Public School's Rec & Ed Department may take pictures or videos of youth and adult participants in any Rec & Ed activity, including classes, team sports, and childcare. Images may be used in Rec & Ed or school district promotional materials, (brochures, catalog, website, social media). For your safety, names will never be used, we do not grant authorization for any 3rd party to produce, reproduce (or reuse), edit videos, take pictures, print, and record sound of an individual. My (or my child's) enrollment in an activity with Rec & Ed indicates my approval. I may opt out by emailing dishman@a2schools.org.

21-22 Generic District Covid Waiver: Rec & Ed follows the Ann Arbor Public School district's COVID-19 protocols, which are based on recommendations from the Centers for Disease Control, American Academy of Pediatrics, and the Washtenaw County Health Department. The protocols aim to reduce the risk of coronavirus transmission during Rec & Ed activities. AAPS Rec & Ed encourages participants ages 5+ to get vaccinated, as this is the most effective step that individuals can take to protect themselves and others. By initialing this waiver, I attest that I have read, understand, and agree that I (or any of my household members) will follow the requirements below. I understand that if these requirements are not followed, I and any of my household members may be suspended from future Rec & Ed activities. I further understand that the risk of contracting Covid-19 still exists even if all protocols are followed.

I agree to adhere to all COVID-19 safety protocols as currently required by the Ann Arbor Public Schools/Rec & Ed: (click link for current protocols) <https://www.a2schools.org/Page/17522>. Pre Screening before coming onto AAPS property: (click link for latest Pre-Screening Information) <https://www.a2schools.org/Page/17522>. Maintaining appropriate physical distance from others while on school property. Wearing a mask at all times while within an AAPS facility (even for those individuals who are fully vaccinated)

By my signature, I indicate that I have read and understand the Safety Town 1/2 day Program Waiver, Photo & Social Media Waiver and 21-22 Generic District Covid Waiver. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

Parent Signature _____ **Date** _____

How to Complete Registration:

Scan & Email: Fill out this form and scan and email to registration@aaps.k12.mi.us **By Phone:** 734-994-2300 x 0

Mail/Drop Off: If necessary, please mail or drop off all completed registration forms **by May 1st** to avoid postal delays. Send forms to:

Safety Town Program, Community Education & Recreation
1515 South Seventh St, Ann Arbor, Michigan 48103

* Secure 24 hour drop box located to the left of the front door and on the side of the building.

Questions? Email us at: safetytown@aaps.k12.mi.us or call 734-994-2300 x 0

Safety Town Website: <http://www.a2schools.org/Page/5004>