

Highland Safety Week - Registration Form

Childs 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 Cell Phone:** _____

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

Name: _____ **Relationship to Child:** _____

Street Address: _____ **Phone:** _____

My child will be attending kindergarten at **Hinckley** **Granger** **Sharon**

I am requesting the week of: **June 13 - 17** **June 20 - 24**
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 weeks activities. (May be used for promtional purposes.)

Parent Signature: _____ **Date:** _____

