



SAFETY TOWN USA

2204 Renfroe Way,
Jeffersonville, IN
(located at Fire Station #2)

Pilot Club of Jeffersonville

P O Box 563
Jeffersonville, IN 47131
For more information contact
812-944-5898 (Carolyn)
812-246-4574 (Joyce)
502-931-7150 (Jennifer)
pcofjeffersonville@gmail.com



Free Safety Classes

For Children ages 5-7

Safety rules and guidelines on electricity, fire, water, stranger danger, anti-bullying, ways to protect the brain, right use of drugs, helmet, bike, pedestrian & traffic safety

SAFETY TOWN, USA

**Sponsored by Pilot Club of Jeffersonville
& the City of Jeffersonville**

2019 Sessions

June 10–June 14

#1 - 8:30 AM -10:45 AM
#2 - 11:15 AM -1:30 PM

June 17–June 21

#3 - 8:30 AM -10:45 AM
#4 - 11:15 AM -1:30 PM

Daily Schedule:

Monday Policeman/Walk Track/Speaker
Tues-Thurs Speaker/Ride on Track/Speaker
Friday Speaker/Fireman/Fire Station Tour

Lunch Times (Monday - Friday)

Sessions 1 & 3 – 10:15, Sessions 2 & 4 – 1:00

Nutritious Lunch

Provided by Greater Clark County Schools

Nutrition Program

812-283-0701, ext. 50180

- **Proof of age** (birth certificate or official document with birth date) must be presented by or on the first day of the session.
- Bikes/Big wheels will be available for children to ride. Child may bring own bike.
- If your child has a bike helmet, send it in on the second day of class.

SAFETY TOWN 2019 REGISTRATION FORM

CHOOSE ONE SESSION

Monday, June 10 – Friday, June 14

Session #1: 8:30 AM -10:45 AM

Session #2: 11:15 AM -1:30 PM

Monday, June 17 – Friday, June 21

Session #3: 8:30 AM -10:45 AM

Session #4: 11:15 AM -1:30 PM

Please indicate your 1st, 2nd and 3rd choice of sessions on form **below**

Confirmation will be sent via email or phone.

Complete the registration form and submit by scanning the form and emailing to:

pcofjeffersonville@gmail.com

Or by mail to:

SAFETY TOWN 2019, P.O. Box 563, Jeffersonville, IN 47131

For more information call Carolyn - 812-944-5898

SAFETY TOWN 2019

Session preference (indicate session #) 1st Choice _____ 2nd Choice _____ 3rd Choice _____

Child's Name _____ Birth date _____

(must be 5 by beginning of session & proof shown)

Parents/Guardians Names _____ Phone # _____

_____ Phone # _____

Address _____

Street

City/Zip

Parent/Guardian email address: _____

Alternate Contact _____ Phone # _____

Does child have a food allergy? _____

I give permission for my child to appear in photographs and/or video recordings made during Safety Town.

Yes _____ No _____

Signature of Parent or Guardian _____ Date _____