



Brookfield's Safety Town 2020

All sessions are Monday – Friday.

Session 1: June 22 – 26, 2020, 9:00 a.m. – 12:00 p.m.

Session 2: July 6 – 10, 2020, 1:00 p.m. – 4:00 p.m.

Session 3: July 13 – 17, 2020, 1:00 p.m. – 4:00 p.m.

The City of Brookfield Safety Town Program is sponsored by the Brookfield Task Force on Public Safety Education, Inc. Safety Town combines classroom instruction and the use of a miniature town that includes buildings, roads, signs and tricycles. The program emphasizes traffic, fire, and personal safety. During the week, the children will tour the City of Brookfield Police and Fire Departments. The program is for children who will be entering five-year-old kindergarten in the Fall of 2020 (no exceptions). All sessions are held at **Dixon Elementary School, 2400 Pilgrim Square Drive, Brookfield.**

Call: 262-787-3557

Website: <http://www.brookfieldsafety.com>

E-mail: carroll@ci.brookfield.wi.us

Cost is \$75.00 per child that includes a Safety Town T-shirt. Registration forms can be obtained by e-mail or downloaded from the website.

Checks should be made payable to: **Brookfield Task Force on Public Safety Education, Inc.**

Mail registration form and check to:

Brookfield Safety Town Registration

Attn: Denise Carroll

2100 N. Calhoun Road

Brookfield, WI 53005

Each session is limited to the first 40 children.



Brookfield Safety Town Registration - 2020

Sponsor: Brookfield Task Force on Public Safety Education, Inc.

Please check which session you prefer:

___ Session 1: June 22 – June 26, 2020, 9:00 AM – 12:00 PM

___ Session 2: July 6 – July 10, 2020, 1:00 PM – 4:00 PM

___ Session 3: July 13 – July 17, 2020 1:00 PM – 4:00 PM

(Print Clearly)

Child's Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother's Name: _____

Father's Name: _____

Home Phone #: _____

Home Phone #: _____

Work Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Cell Phone #: _____

Parent's Email: _____

Emergency Contact: _____ Phone #: _____

Relationship to child: _____

Doctor's Name: _____ Phone #: _____

Special Needs/Concerns: _____

Any Allergies: _____

Additional Comments: _____

School your child will be attending in the fall _____

Is there a friend your child would like to be placed with? _____

**PLEASE INCLUDE THIS PERMISSION SLIP WITH YOUR REGISTRATION FORM
FOR THE BROOKFIELD SAFETY TOWN PROGRAM - 2020**

Brookfield Task Force on Public Safety Education, Inc.

I hereby give my consent for my child to participate in Safety Town. Another adult or I will attend the first day and graduation. I grant my permission for my child to go on the field trip to the City of Brookfield Police and Fire Department by bus. I release the Brookfield Task Force on Public Safety Education, Inc., its individual members, and those assisting in the Safety Town Program from all liabilities.

Parent/Guardian Signature: _____

SAFETY TOWN PERMISSION SLIP FOR RELEASE OF CHILD TO AUTHORIZED PICK UP

Please complete this form. Your child will not be released from Safety Town without proper identification of authorized pick up if other than the parent or guardian filling out this form.

PLEASE PRINT

Child's Name: _____ Alternate Pick Up Contact Information: _____
Parent's Name: _____ Alternate Contact Name: _____
Phone Number: _____ Alternate Contact Number: _____

Person(s) and relationship to child of those authorized to pick up or drop off my child other than the above named parent or guardian from Safety Town.

Monday Drop off: _____ Pick up: _____
Tuesday Drop off: _____ Pick up: _____
Wednesday Drop off: _____ Pick up: _____
Thursday Drop off: _____ Pick up: _____
Friday Drop off: _____ Pick up: _____

Parent/Guardian Signature

Date