

2020 SAFETY TOWN OFFICIAL REGISTRATION FORM



Once enrolled, you will receive an email link to a **computer generated receipt**.

PARTICIPANT FIRST NAME _____ LAST NAME _____ BIRTHDATE _____ GENDER M F

ADDRESS _____ CITY _____ PHONE _____

Elementary School Child Will Attend Fall, 2020 _____

ENTERING GRADE: ☐ Y5 ☐ K ☐ 1

Please choose your child's youth T-shirt size: ☐ youth small ☐ youth medium ☐ youth large ☐ adult small

Head Circumference as measured just above the eyebrows and around the widest part of the back of the head. _____

Does your child speak and understand English? YES NO

Please list any Special Friend Placement Requests _____

Does your child have an IEP / 504? YES NO If **Yes**, please write a few details that will help us know your child a little better.

Please Select 1 of the Choices Listed Below:

RE-Imagined Safety Town Fee is **\$85** 9:30-10:15am BREAK 10:45-11:30am

July 13-17 Morning Session 1 _____ ID#8801.412

July 20-24 Morning Session 2 _____ ID#8801.413

100% scholarship families pay \$5 total.

PARENT/GUARDIAN NAME(S) and CONTACT INFORMATION:

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

CELL PHONE(S) () _____ 2nd CELL PHONE () _____ OTHER PHONE () _____

Payment Info: _____ Cash _____ Check (Make check to Ann Arbor Public Schools) _____ Use Current 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 # _____ CVV # (security code) _____

EXPIRATION DATE _____ AMOUNT CHARGED _____ SIGNATURE (REQUIRED) _____

I agree to pay above total amount according to the card issuer's agreement & the Community Education & Recreation Refund/Credit policy as listed in the catalog.

Questions? safetytown@a2schools.org or call 734-994-2300 x 0