



Dear Parents/Guardians,

The LaGrange Police Department is pleased to announce the 2025 Safety Town program.

The program will be held from 9:00 am to 11:30 am June 10th through the 12th, with Graduation being held on Friday the 13th at 10:00 am.

The Safety Town program is a four-day course designed to teach children safe practices both at school and at home. The children are instructed on how to call 911, crossing streets, school bus safety, bike safety, gun safety, fire safety, stranger danger and other safety related topics.

All students entering kindergarten at Keystone Elementary this fall are encouraged to attend.

The attached registration form should be completed and returned to the LaGrange Police Department located at the address below before May 30th, 2025. REGISTRATIONS WILL NOT BE TAKEN AFTER MAY 30th, 2025.

Please make sure the waiver form is filled out when returning your registration.

The cost per student is \$25.00, which will help to cover the cost of running Safety Town. Cash, checks, or money orders are accepted. Checks and money orders should be made out to the LaGrange Police Department. **ALL CHECKS WILL BE HELD UNTIL THE LAST DAY OF SAFETY TOWN.**

We look forward to seeing you and your child this summer at Safety Town!

For further information, please contact Officer Dozier Hendershot at 440-759-2043.

Dozier Hendershot
Patrolman
School Resource Officer
Cell (440) 759-2043

LaGrange Police Department
301 Liberty Street
LaGrange, Ohio 44050
(440) 355-4469

SAFETY TOWN REGISTRATION
LaGrange Police Department
301 Liberty Street
LaGrange, Ohio 44050

PLEASE PRINT LEGIBLY:

DATE: _____

Child's First Name: _____ Child's Last Name _____

Age: _____

Address: _____

Mother's Name _____ Phone number: _____

Father's Name _____ Phone Number _____

PLEASE SPECIFY THREE (3) AUTHORIZED PERSON(S) TO PICK UP YOUR CHILD. No one other than the parent/guardian or the three listed names below will be permitted to pick up a child.

NO CHANGES WILL BE MADE TO THE PICKUP LIST AFTER THIS FORM IS SUBMITTED.

NO CHILD WILL BE RELEASED TO ANYONE, INCLUDING PARENTS, WITHOUT PHOTO IDENTIFICATION!

Name	Phone Number	Relationship to Child

Family Doctor: _____

Allergies: _____

Physician's Name: _____

Physician's Phone: _____

All classes will be held at the LaGrange Town Hall. Some activities will be held outdoors. Please send your child with the proper clothes, shoes, sunscreen, etc. Children with Flip Flops will be asked to sit out of the daily activities.

Child's shirt size: _____XS (4-5) _____S (6-8) _____M (10-12) _____L (14-16)

T-SHIRTS ARE LIMITED. IF THE SIZE YOU SELECTED IS NOT AVAILABLE, THE NEXT SIZE UP WILL BE GIVEN OUT.

LAGRANGE SAFETY TOWN WAIVER FORM

Childs Name: _____

PART I: PERMISSIONS

The parent/guardian signing this form accepts all responsibility for transportation of his/her child to and from Safety Town sessions and acknowledges that the LaGrange Police Department and its agents are not responsible for a child not picked up at the end of class. I further state that my child is in good physical condition and his/her health will not be hindered by the physical activities in this program. I understand my child may be transported, on or off property, by bus, ambulance, police car, fire truck, etc., as part of his/her participation in the Village of LaGrange Safety Town program. I authorize the Village of LaGrange, Lagrange Police Department, and/or its agents, to provide transportation to the nearest hospital for my minor child, in the event of a medical emergency while participating in Safety Town.

I understand that pictures/videos will be taken during the Safety Town program and grant permission to the Village of LaGrange, LaGrange Police Department, and its agents, to take and use photographs/videos for promotional purposes.

As the parent/guardian, I hereby agree to allow participation in the aforementioned activity and further agree to indemnify and hold harmless the Village of LaGrange/Lagrange Police Department and its agents and employees from all harm, accidents personal injury or property damage suffered by the aforementioned individual arising out of, or in any way connected with participation in this activity.

Parent/Guardian Signature: _____ Date: _____

PART II: REFUSAL TO GRANT PERMISSIONS

I DO NOT GIVE the Village of LaGrange, LaGrange Police Department, and/or its agents permission to use video/pictures of my child for any reason.

I DO NOT GIVE the Village of LaGrange, LaGrange Police Department, and/or its agents permission to transport my child for any reason, including emergency medical or dental care. In the event of an emergency which requires medical or dental treatment, I wish the Village of LaGrange, LaGrange Police Department, and or its agents to take the following actions:

Parent/Guardian Signature _____ Date: _____