

HOLLAND/SPRINGFIELD

SAFETY TOWN

SPONSORED BY:

VILLAGE OF HOLLAND POLICE DEPARTMENT

AND

SPRINGFIELD TOWNSHIP FIRE DEPARTMENT



REGISTRATION PACKET

JUNE 15-26, 2026

Holloway Elementary

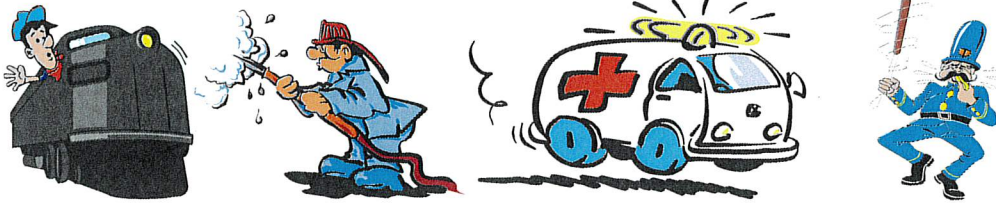
6611 Pilliod Rd.

NO CLASS June 19th

Graduation 6PM June 26th Springfield High School

9:00 AM –11:00 AM OR 1:00 PM -3:00 PM

Holland/Springfield Safety Town



Dear Parent(s) or Guardian;

June 2026

During the eight days, your child will be attending the Holland/Springfield Safety Town Program our staff will be photographing and/or videotaping the activities. The children will be given identification cards while in *Safety Town*. Pictures, videos, and photos will be used for the graduation ceremony and for promoting the *Safety Town* Program.

For our staff to complete these projects we need the waiver form signed, witnessed, and returned along with the application. Failure to sign the waiver will result in the denial of participation in the program.

Thank You,
Safety Town Personnel
Holland/Springfield

This educational program is sponsored by:
**SPRINGFIELD TOWNSHIP FIRE DEPARTMENT AND
 VILLAGE OF HOLLAND POLICE DEPARTMENT**

(FOR CHILDREN ENTERING KINDERGARTEN IN THE FALL)

THIS COURSE IS FREE OF CHARGE TO RESIDENTS OF SPRINGFIELD TOWNSHIP AND THE VILLAGE OF HOLLAND. APPLICATIONS WILL BE ACCEPTED UP TO 2 WEEKS PRIOR TO THE START DATE OF THE COURSE. NO EXCEPTIONS. APPLICATIONS/ENROLLMENT ON THE FIRST DAY WILL NOT BE ACCEPTED. FIRST COME FIRST SERVE BASIS.

(PLEASE PRINT) Child's Information

Child's Name:	DOB:	Age:
Child's Address:		
City:	Zip:	
T-Shirt size:	6-8	10-12 14-16

School Information (ONLY CHILDREN ENTERING KINDERGARTEN IN THE FALL WILL BE ELIGIBLE)

School:	Grade:
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LIST ANY SPECIAL HEALTH OR HANDICAP CONDITIONS YOUR CHILD HAS (include food allergies)

Parent/Guardian Information

Name:	Email:
Relationship:	Phone #

Emergency Information

Person to be contacted if the Parent/Guardian cannot be reached

#1 Name:	Relationship:	Phone #
#2 Name:	Relationship:	Phone #

Date of course: June 15-26, 2026 (Choose only one session, morning or afternoon)

MORNING	AFTERNOON
9-11 AM	1-3 PM

The above session will be held at Holloway Elementary, 6611 Pilliod Rd., Holland, OH 43528

I hereby give my consent for my son _____ daughter _____ to participate in the Holland/Springfield Safety Town Program, and to be finger printed. I understand I am responsible for getting my child to and from Holloway Elementary.

Signature:

If your child will be picked up from someone other than the legal guardian(s), a note signed by the guardian should be provided to the homeroom teacher indicating who will be picking the child up, their relationship to the child and the duration of the pick up arrangements. Identification should be available upon request.

Holland and Springfield residents will be placed in the program first.

PLEASE MAIL REGISTRATION FORM TO:	FOR MORE INFORMATION CALL:
7617 Angola Rd.	419-865-4136 ext 1
HOLLAND OH 43528	419-865-7105

IF AFTER ENROLLMENT, YOUR CHILD CANNOT ATTEND, PLEASE CALL 865-4136 ext. 1

WAIVER OF LIABILITY

I, personally and on behalf of the family members of the above listed child agree to defend, indemnify and hold harmless The Village of Holland and Springfield Township, its agents, employees and representatives, in their official and individual capacities from any and all liability claims, demands, suits, losses, damages and costs, including, but not limited to, attorney's fees, expenses, court cost, and interest, for or arising out of or in connection with the Holland/Springfield Safety Town Program or from any activity, work, or thing done, permitted or suffered by the above listed child in or about the Safety Township Program whether it be caused or arise out of the negligence or claim of the child or any of its family members or individuals invited to the activity conducted in connection with the Holland/Springfield Safety Town Program or by the negligence of The Village of Holland or Springfield Township Employees, representatives, or agents.

Parent / Legal Guardian Signature _____ Date _____

Witness Signature _____ Date _____

Office Use Only: Date Received _____ Session _____ AM/PM Class Assignment _____

Special requests should be indicated with the application and prior to the first day of class. Examples include siblings with siblings, friends with friends, in the same or different classroom, etc. Our staff will attempt to accommodate all requests noted with the application.

CONSENT, AGREEMENT, RELEASE AND WAIVER
PHOTOGRAPHS, VIDEO TAPES, FINGERPRINT
AND BATHROOM AND BEHAVIOR
FOR
" Safety Town" 2026

The undersigned parent(s) and/or guardian(s) of _____, a minor child, for and in consideration of the services provided by the Holland Police Department, or the Village of Holland, or the Springfield Township Fire Department, or the Township of Springfield, Lucas County, Ohio during and in connection with the 2026 Safety Town Program (the "Safety Town Program"), and for other good and valuable consideration, the receipt of which is hereby acknowledged by the undersigned, consent and agree to all of the following:

Photographs and Video Tapes

The Village of Holland Police Division and the Springfield Township Fire Department may photograph and/or video tape the said minor child during and in connection with the Safety Town Program. ***The photographs and/or video tapes will be used for the Safety Town Program graduation ceremony and for promotional purposes for the Safety Town Program.*** The undersigned further grant(s) to the Holland Police Department, the Village of Holland, the Springfield Township Fire Department, and the Township of Springfield a license to use photographs and video tapes for the purposes set forth in this form. The undersigned acknowledge that the photographs and/ or videotapes of said minor child are being done at the voluntary request of said minor child and the undersigned, and that the photographs and video tapes shall be and remain the property of the Village of Holland and Springfield Township.

Fingerprinting

The Village of Holland Police Division may record and transfer to a tri-fold identification card an electronic or ink image of the minor child's fingerprints during and in connection with the Safety Town Program. The identification card also includes a place for the attachment of a hair sample and picture of the minor child, neither of which the Village of Holland Police Division or the Springfield Township Fire Department collect or attach to the identification card. The identification card promptly will be given to the minor child's parent/guardian. The fingerprints shall be and remain the property of the parent/guardian, and neither the Village of Holland Police Division or the Springfield Township Fire Department shall use, store, upload, or maintain the fingerprint image other than as provided in this form.

Bathroom and Behavior

Participating minor child(ren) must be entering kindergarten in the fall, and the following policies must be adhered to:

Bathroom: The minor child must be fully potty trained. Our staff/volunteers will not assist in bathroom duties other than washing hands. If there happens to be an accident, the parent or guardian will be contacted for a change of clothes completed by the parent.

Behavior: Our staff/volunteers will enforce positive behavior. We will try our best to accommodate and work through all behavior challenges presented. Our discipline policy will work as follows: 1. Talking with the student. 2. Removal from the situation and consultation with parent of guardian. 3. Phone call to parent to pick up student. 4. Removal from the Safety Town Program. **Aggressive behavior such as hitting, throwing objects, spitting, and total uncooperative behavior will not be tolerated and will result in immediate dismissal from the Safety Town Program.**

Waiver

The undersigned waive, release, and forever discharge the Village of Holland and the Township of Springfield, and their respective Departments, Trustees, officials, officers, administrators, employees, agents, and volunteers from any and all claims and causes of action of any kind or nature which the undersigned have, may have, or in the future can, shall, or may have on account of any and all damages, losses, or injuries to persons or property, or both, known and unknown, resulting or to result from (i) the photographing and/or video taping of said minor child and the permitted use of the photographs and video tapes, (ii) the fingerprinting and the permitted use of the fingerprints, and (iii) to the extent permitted by law, participation in the Safety Town Program.

The undersigned declare that the terms of this consent, agreement, release, and waiver have been completely read, are fully understood, and are voluntarily accepted. **Failure to sign this consent, agreement, release, and waiver will result in the denial of participation in the Safety Town Program.**

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Signature of Witness

Date