



Safety Town 44147



Broadview Heights Safety Town * 9543 Broadview Rd. * Broadview Heights, Ohio 44147 * 440-526-5401

Safety Town is a two-week program for children entering kindergarten that teaches essential life and safety skills in a fun and controlled environment. The children learn a wide variety of safety topics taught by a certified teacher and Broadview Heights' Police and Fire Officers, with the help of teenage volunteers. Children then practice the lessons in our miniature town, complete with streets, buildings, sidewalks, vehicles, stop signs, crosswalks, and a working traffic signal. Classes are held Monday through Friday at the Broadview Heights Police Department-Kloka Training Building, located next to the police department. Transportation to and from Safety Town is the responsibility of the child's parent or guardian. Safety Town 44147 is open to any child (resident or non-resident). Questions can be directed to Officer J. Garcia or Kim Cook at 440-526-5401 or by email kcook@broadviewhtspd.org.

Registration Fee is \$40.00 Please make check payable to City of Broadview Heights

An in-person registration event will be held on **Wednesday, April 8, 2026**, from **4:00 pm to 6:00 pm** at the Broadview Heights Police Department-Kloka Training Building. Class size is limited and filled on a first-come, first-served basis. Mail-in registrations will be accepted starting April 9, 2026. You may also register in person at the police station beginning on April 9, 2026, Mon-Fri from 7 am to 8 pm and Sat-Sun from 9 am to 3 pm. In-person registrations will be given priority over mail-in registrations for session selection. Confirmation of your session assignment will be made via telephone call/phone message. Registration closes on June 12, 2026. There will be no changes or refunds after this date. Please note that approximately half of the available spots fill up during in-person registration, so it is recommended that applications be turned in then. If mailing the registration, mail to: Safety Town-Broadview Heights Police Dept., 9543 Broadview Road, Broadview Heights, OH 44147.

Please indicate 1st choice in area below:

_____ **June 15 - June 26, 9am – 11am**

_____ **June 15 - June 26, 12:30pm – 2:30pm**

Child's name: _____ (M or F) Birth date: _____ Age _____

Address: _____ City: _____ ZIP: _____

Emergency Info:

Mother: _____ Phone (C) _____ (H) _____

Father: _____ Phone (C) _____ (H) _____

Other: _____ Phone (C) or (H) _____

Physician: _____ Phone _____

In the event of an emergency, and if all reasonable attempts to reach either parents are unsuccessful, I hereby give my consent to the administration of emergency treatment and/or to transfer my child to the closest emergency medical facility. The emergency medical personnel should be aware of the following information (allergies, medications being taken, etc.)

Parent Signature: _____ Date: _____