

SAFETY TOWN 2025



OPEN REGISTRATION:

June 13-June 30th

Fee: \$65 per child

"BEAR SAFETY in MIND"

We're Back! Our Safety Town Program for summer will be filled with new and creative activities for our incoming Kindergartners for September 2025. The fun-filled week will be instructed by our teachers on a variety of safety situations in the classroom and outside on the Safety Town layout. We will have a presentation by the fire department, fire aid squad, Search and Rescue, Coast Guard and the West Milford Animal Shelter. The program will conclude with a graduation ceremony on Friday, which parents are welcome to attend.

PROGRAM DATES:

Week 1 - July 7 - July 11

Session 1: AM Session 8:15am - 11:15am

Session 2: PM Session 12:00pm - 3:00pm

Week 2 - August 11- August 15

Session 3: AM Session 8:15am -11:15am

Session 4: PM Session 12:00pm-3:00pm

All Sessions will be held at:

Westbrook Elementary School

55 Nosenzo Pond Road

West Milford, NJ

***** NOTE: Open to West Milford Residents ONLY!! Your child must be 5 years old by 10/1/25 . A birth certificate and proof of residency (driver's license, utility or tax bill) must be provided to register your child. There are a limited number of openings per session. Registration is on a first-come, first-serve basis.**

REGISTRATION PACKETS WILL BE AVAILABLE on June 13th.

via EMAIL: WMSAFETYTOWN@GMAIL.COM OR @ Township of West Milford Community Services & Recreation , 66 Cahill Cross Road, West Milford, NJ 07480

All registration packets must be mailed **complete with a check and all required paperwork**. No spaces will be held. If you have any questions, please email wmsafetytown@gmail.com or call and leave a message for Bernadette Ferraro @ 973-296-1960.



SAFETY TOWN 2025

Teen Volunteer

Application

SAFETY TOWN is looking for teens to help with our summer program. Volunteers will be assigned to a group of incoming kindergartners. As a volunteer, you will help the students learn about a variety of safety situations under the supervision of our certified teachers.

Volunteer positions are open to all students currently in the 6th grade (entering the 7th grade in September 2025) through the 12th grade. **PLEASE PRINT LEGIBLY. IF YOU ARE LOOKING TO CARPOOL WITH OTHERS, APPLICATIONS MUST ARRIVE TOGETHER.**

Name: _____

Street address: _____ Town: _____ Zip code _____

School attending in Sept: _____ Grade: _____

Volunteer Cell Phone#: _____ Email: _____ Parent cell # _____

Have you worked for SAFETY TOWN before? ____ If so, when? _____

Do you have any physical limitations? _____

Are you volunteering to receive community service hours? ____ If so, for what organization?

PLEASE CHECK WHICH SESSION(S) YOU ARE AVAILABLE TO WORK:

Session 1: July 7– 11 AM Session 8:00 am - 11:15 am _____

Session 2: July 7 – 11 PM Session 11:50 am - 3:00 pm _____

Session 3: August 11 – 15 AM Session 8:00 am - 11:15 am _____

Session 4: August 11 - 15 PM Session 11:50 am - 3:00 pm _____

Please note that there are a limited number of openings for teen volunteers. **YOUR COMMITMENT will require you to work EVERYDAY OF THE WEEK YOU VOLUNTEER FOR, FOR THE HOURS LISTED ABOVE.**

You will be notified by EMAIL on or about June 30th, with the session (s) we will need your help.

Safety Town will be held at Westbrook Elementary School, 55 Nosenzo Pond Rd, West Milford.

Completed application should be **MAILED** as soon as possible, but no later than **June 25** to:

Bernadette Ferraro, 39 Wayside Road, Hewitt, NJ 07421

If you have any questions, please contact: Bernadette Ferraro @ 973-296-1960 or by email:

wmsafetytown@gmail.com. Please allow 24 hours for a response.

On

PERMISSION SLIP

My child, _____ has permission to participate in the following activities at

SAFETY TOWN:

Please check all that apply:

_____ Bus trip to the West Milford Police Department and or a West Milford Firehouse

The Fire Safety House is a mobile classroom that is specially designed to teach children vital burn prevention and fire escape techniques through a fun, safe simulation of common hazards. The Fire Safety House is equipped with a kitchen, bedroom, and living room. The house fills with a **nontoxic water-based smoke**. (if your child suffers from asthma, other respiratory conditions or allergies that may be irritated by the nontoxic smoke, please indicate that below, before allowing him/her to tour the house). Feel free to check with your child's doctor.

_____ My child may tour Fire Safety House

_____ My child may not tour the Fire Safety House

_____ My child has asthma, an allergy or respiratory condition that may be irritated by the smoke and should not be in the **House** during that part of the program

Parental Consent and Waiver Related to Photographs of Students:

_____ I hereby **grant** permission to have my child's photograph recorded on film or other media by the Safety Town Program, it's employees, agents or assignees, and grant permission to the use of such likeness for distribution by the Safety Town Program for publicity or other commercial purposes through the media for the current school year. I understand that my child's likeness will not be placed, by Safety Town Program employees, on any Website unless and until I sign an additional waiver.

I hereby waive any right to future compensation for the use of the above-mentioned information by Safety Town Program for the purposes stated above. Also, I hereby waive any claim for invasion of privacy or any similar legal doctrine with regard to the use of the above-mentioned information by the Safety Town Program in publicity or promotional materials through the media for the duration of this Consent and Waiver.

_____ I **do not grant** permission to have my child's photograph recorded on firm or other media or published by the Safety Town Program's employees or agents.

Emergency Medical Care Authorization:

In the event of an emergency, I give consent for emergency medical treatment as is deemed necessary. I understand that this authority will be exercised only if I cannot be contacted:

Doctor's name: _____ Doctor's phone number: _____

Signature of Parent or Guardian if Student is a minor (under 18 years of age):

_____ Date: _____

DM



SAFETY TOWN 2025 REGISTRATION PACKAGE

SAFETY TOWN REGISTRATION INSTRUCTIONS

1. Fill out the registration form completely and legibly.
2. Provide a copy of child's birth certificate(will be returned to you on the 1st day of program)
3. Provide a copy of proof of residency in West Milford (copy of license, utility bill, etc.)
4. Enclose a check for **\$65.00, made payable to:**
Safety Town of West Milford
5. Mail all of the above to: Bernadette Ferraro
39 Wayside Road
Hewitt, NJ 07421
6. If you are looking to carpool, all applications must be received together to guarantee students will be in the same session.

If you have any questions, please email: wmsafetytown@gmail.com or leave a message for Bernadette Ferraro @ 973-296-1960.

****Please note: ALL DOCUMENTS MUST ARRIVE TOGETHER TO BE PROCESSED. If any document and or check are missing, your application will not be processed until all papers are received. NO Spots will be held.**

Program is held at : **Westbrook Elementary School**
255 Nosenzo Pond Road
West Milford, NJ 07480

SAFETY TOWN REGISTRATION 2025

****PLEASE PRINT ALL INFORMATION CLEARLY**

CHILD'S NAME: _____ SEX: _____ DATE OF BIRTH: _____

STREET ADDRESS (NO P.O. BOX): _____

TOWN: _____ ZIP CODE: _____

PARENT/GUARDIAN (PLEASE PRINT): _____

PARENT CELL # _____ HOME #: _____

NAME OF SCHOOL CHILD WILL ATTEND IN SEPTEMBER : _____

WHILE MY CHILD IS IN SAFETY TOWN, I MAY BE CONTACTED AT THE FOLLOWING PHONE # & ADDRESS:

EMERGENCY CONTACT NAME & PHONE # (IF I CANNOT BE REACHED AT ABOVE LOCATION):

**** To cut down on program expenses – Enrollment confirmation and all future correspondence will be made by EMAIL (please print legibly):**

Parent email address: _____

Please check which session you would like your child to attend (please note, spaces are limited so supply a 2nd choice):

Session 1: July 7 – July 11 Am Session 8:15am – 11:15am _____

Session 2: July 7 – July 11 Pm Session 12:00pm - 3:00pm _____

Session 3: August 11 - 15 Am Session 8:15am – 11:15am _____

Session 4: August 11 - 15 Pm Session 12:00pm- 3:00pm _____

**** All session are being held at Westbrook School, 55 Nosenzo Pond Road, West Milford**

Cost is **\$65.00** per child.

Please make all checks payable to: **Safety Town of West Milford Please**

Choose a T-shirt Size: small (6-8)___ Med (10-12)___ Large (14-16)___

07

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_____ Date: _____