SAFE KIDS Seminole County Coalition

**Mission Statement:** To provide education, programs, and awareness about preventable injuries in an effort to keep our community’s children safe from injury.

Date: ____________________

Name: ____________________
Address: ____________________
City/St/Zip ________________

This is to advise you of the upcoming Educational Car Seat Program. The next class is scheduled for:

- **Class Date:** ________________
- **Agency:** ____________________
- **Class Location:** ____________________
- **Class Time:** ________________

The class will last approximately two hours. The first hour is a classroom session and the second hour is installation. **You must have a vehicle present for your installation.** Please be advised a $20.00 donation is required to help cover the cost of the car seat as well as provide funding to purchase seats and continue this program. **Only a cashier’s check or money order are accepted,** made payable to SAFE KIDS Seminole County Coalition.

**You must confirm your attendance by calling ____________ stating that you will be attending the class. **If we do not receive a confirmation call from you by **Deadline Date** we will not have your seat available at the class.

If you have any questions, please contact [Agency] @ [Agency Phone Number].

Visit our Websites at:  www.seminolepublicsafety.org
    www.safekids.org
    www.co.seminole.fl.us/traffic/CTST

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