

7. Did you involve your local fire department when teaching the **play safe! be safe!** program to your classroom?

\_\_\_ Yes      Explain \_\_\_\_\_

\_\_\_ No

8. What changes would you make to improve the **play safe! be safe!** program?

---

---

---

Your name \_\_\_\_\_

Daycare center or school \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

**Thank you very much for your suggestions.**

*After completing this form, fold it in half, staple or tape the bottom edge, add postage, and drop it in the mail.*



FOLD ALONG DOTTED LINE

**BIC play safe! be safe!®**  
Fire Safety Education Program  
One Grove Street  
Suite 235  
Pittsford, NY 14534