



# Greendale Park and Recreation Department

## The Bridge for Kids

2017-18 School Year

5647 Broad Street  
GREENDALE, WI 53129  
(414) 423-2790

JACKIE SCHWEITZER  
Director

**CHILD INFORMATION:** (Please complete one form for each child.)

2017-18 School: \_\_\_\_\_ Grade: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Nickname \_\_\_\_\_

**PRIMARY MAILING ADDRESS**

(all information will be sent to this address) \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex M \_\_\_\_\_ F \_\_\_\_\_

Brothers-Name/Age \_\_\_\_\_ Sisters-Name/Age \_\_\_\_\_

Favorite activities: Indoors \_\_\_\_\_

Outdoors \_\_\_\_\_

Any medical/health (allergies/food allergies)/learning disabilities/developmental disability, IEP (doesn't disqualify from participation in activities) staff should be aware of:

**PARENT INFORMATION:**

**MOTHER:**

First/Last Name \_\_\_\_\_

Full Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ OK to call at work \_\_\_\_\_ Yes \_\_\_\_\_ No

Email Address \_\_\_\_\_ (home or work-please circle)

Place of Employment \_\_\_\_\_

**FATHER:**

First/Last Name \_\_\_\_\_

Full Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ OK to call at work \_\_\_\_\_ Yes \_\_\_\_\_ No

Email Address \_\_\_\_\_ (home or work-please circle)

Place of Employment \_\_\_\_\_

Emergency Contact Name/Number 1st \_\_\_\_\_

(other than parent) 2nd \_\_\_\_\_

If there should happen to be a medical emergency concerning my child's well-being, as the result of an illness or accident, I give my permission to have my child transported to and treated at the nearest medical facility for emergency medical treatment. \_\_\_\_\_  
(Parent to initial)

**REGISTRATION FEE (non-refundable):**

**Individual:** \$35.00

**Family (when registering at the same time):** \$65.00

I understand that as a result of this registration, my entire registration fee is non-refundable. I also understand that the monthly attendance agreement and fee is due on the 21st of the preceding month (or the date listed on my monthly calendar) my child(ren) will be attending the program. I understand I am obligated to the program and all fees unless the Department is notified (two weeks in advance), in writing, of withdrawal.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_