



The Bridge for Kids

Before and After School Program

2024-25 School Year

CHILD INFORMATION: (Please complete one form for each child) School: _____ 2024-2025 Grade: _____

Last Name: _____ First Name: _____ Nickname: _____

Birthdate: _____ Age: _____ Sex: Male _____ Female _____ Other _____

PRIMARY MAILING ADDRESS: _____

(All information will be sent to this address)

Street

City

Zip Code

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

PARENT & GUARDIAN INFORMATION:

PRIMARY CONTACT:

First/Last Name: _____ Full Address: _____
Street City Zip Code

Primary Phone #: _____ Email Address: _____

Place of Employment: _____ Work Phone #: _____ OK to call at work: Yes _____

SECONDARY CONTACT:

First/Last Name: _____ Full Address: _____
Street City Zip Code

Primary Phone #: _____ Email Address: _____

Place of Employment: _____ Work Phone #: _____ OK to call at work: Yes _____

ADDITIONAL EMERGENCY CONTACTS: (non-parent guardians)

Full Name: _____ Cell Phone #: _____ Alternate #: _____

Full Name: _____ Cell Phone #: _____ Alternate #: _____

REGISTRATION FEES: (non-refundable): Individual: \$40.00 Family: \$75.00 (when registering at the same time)

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. Checks made payable to "Greendale School District".

SIGNATURE & DATE:

Parent's Signature: _____

Signature Date: _____

Are you an employee of the
Greendale School District?

YES _____