



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

**JACKIE SCHWEITZER**  
Director

## BLOOM 'N GROW

### 1. Parent Information

MOTHER: First/Last Name \_\_\_\_\_

Full Address \_\_\_\_\_

Street City Zip Code

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

OK to call at work \_\_\_ Yes \_\_\_ No

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

FATHER: First/Last Name \_\_\_\_\_

Full Address \_\_\_\_\_

Street City Zip Code

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

OK to call at work \_\_\_ Yes \_\_\_ No

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

PRIMARY MAILING ADDRESS \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name/Number \_\_\_\_\_

1<sup>st</sup> \_\_\_\_\_ ( ) \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_ ( ) \_\_\_\_\_

### 2. Child Information (Please complete one form for each child.)

(CHILD'S) Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Nickname \_\_\_\_\_

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

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

Favorite activity \_\_\_\_\_

Any medical/health problems staff should be aware of: \_\_\_\_\_

3. Registration Fee: \$50.00 (non-refundable)

4. I intend to pay the program fee as follows:

\_\_\_\_\_ in full by August 24, 2018 payment plan (7 payments due by February 28, 2019)

I understand that as a result of this registration, my \$50.00 registration fee is non-refundable. I also understand that the full program fee (\$900.00) is due on August 24, 2018 unless a payment plan has been developed with the Park and Recreation Department prior to that time. I understand I am obligated to the program and all fees unless the Department is notified, in writing, of withdrawal prior to June 22, 2018.

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