



Greendale Park and Recreation Department
The Bridge for Kids
 2019-20 School Year

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

JACKIE SCHWEITZER
 Director

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

School: _____ 2019-20 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 _____

Are you a GSD Employee who works 20 or more hours per week? ____ Yes ____ No
