



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

JACKIE SCHWEITZER
Director

BLOOM 'N GROW 2022-23 SCHOOL YEAR

Monday/Wednesday Class **Tuesday/Thursday Class** (circle one)

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

1st _____ ()

2nd _____ ()

2. Child Information (Please complete one form for each child if two registering.)

(CHILD'S) Last Name _____ First Name _____ Nickname _____

Birthdate _____ Age _____ Sex M _____ F _____

Siblings-Name/Age _____ Siblings-Name/Age _____

Favorite activity/activities _____

Any medical/health problems staff should be aware of: _____

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

4. Program Fee: \$900.00

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

_____ in full by August 26, 2022

_____ payment plan (7 payments-final payment due by March 7, 2023)

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 26, 2022 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 17, 2022.

Parent's Signature _____ Date _____