



# Greendale Park and Recreation Department

## Summer Adventure Club

Summer of 2020

5647 Broad Street, Greendale, WI 53129

414-423-2790

JACKIE SCHWEITZER  
Director

**CHILD INFORMATION:** (Please complete a separate form for each child being registered)

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

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

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ (as of June 1) School currently attending \_\_\_\_\_ Grade(2020-21) \_\_\_\_\_ Sex M \_\_\_ F \_\_\_

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

T-shirt size (please circle): Y 10/12 Y 14/16 AS AM AL AXL

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

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

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

**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

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

Family Email Address (if different than above) \_\_\_\_\_

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 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: \$65.00

You must register on or before May 15th in order to guarantee care for June.

I understand that as a result of this registration, my entire registration fee is non-refundable. I also understand that the full program fee (\$37.00 per child per day) is due **on** the Tuesday of the preceding week 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