



Greendale Park and Recreation Department

Summer Adventure Club

Summer of 2019

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 12th) School currently attending _____ Grade(2019-20) _____ 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 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:** \$65.00

You must register on or before May 10th 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 (\$36.75 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