



Greendale Park and Recreation Department
The Bridge for Kids
 2007-08 School Year St. Alphonsus

5900 S. 51st Street
 GREENDALE, WI 53129
 (414) 423-2790 • FAX (414) 423-2727

JACKIE SCHWEITZER
 Director

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

2007-08 School: _____ 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 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 _____

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 _____

Emergency Contact Name/Number 1st _____
 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.

REGISTRATION FEE:

Individual: \$30.00 by August 3rd (\$20.00 if registered in 2007 Summer Adventure Club or 2006-07 Bridge for Kids Program)
Family: \$50.00 by August 3rd (\$40.00 if registered in 2007 Summer Adventure Club or 2006-07 Bridge for Kids Program)
Late: \$50.00/\$70.00 respectively after August 3rd

Please Check: _____ School Year-Round Program _____ Condensed Version

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 21st of the preceding month 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 _____