


Greenfield Parks & Rec. Summer Playgrounds Registration Form 2021. *One form per child. Check where appropriate.*

Child's Name _____	DOB: ____/____/____	Age _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
School District: <input type="checkbox"/> Greenfield <input type="checkbox"/> Whitnall	Grade Entering (2021-2022 School Year): <input type="checkbox"/> K5 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		
Parent/Guardian 1 Name _____	Relationship _____	Resides with child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address _____	Apt # _____	City _____	State ____ Zip _____
Phone Primary _____	Phone Secondary _____		
Email _____	Shirt Size (Circle One):	YOUTH: Small (6-8) Medium (10-12) Large (14-16) ADULT: Small Medium Large XLarge	
Parent/Guardian 2 Name _____	Relationship _____	Resides with child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address _____	Apt # _____	City _____	State ____ Zip _____
Phone Primary _____	Phone Secondary _____		
Email _____			
Alternate Authorized Pick-up and Emergency Contact Persons	Check box if authorized pick up is emergency contact as well 		
Name _____	Primary Phone _____	Relationship _____	<input type="checkbox"/>
Name _____	Primary Phone _____	Relationship _____	<input type="checkbox"/>
Name _____	Primary Phone _____	Relationship _____	<input type="checkbox"/>
Health/Medical History			
Are there any special considerations, medical or health history we need to know about your child? (i.e. medications, disabilities, allergies, dietary restrictions) _____			
At this time, Summer playgrounds staff will not administer medication. If your child needs medication during our program, staff can remind children if and when they need it. Epi-pens can be stored at our site for easy access in a dedicated location.			
Will your child need to take medication at summer playgrounds? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind & why: _____			
Is there anything else we should know about your child? _____			

Parent/Guardian Authorization

Please initial

_____ I hereby grant permission for my child to participate in the City of Greenfield Summer Playgrounds Program. In the event of an injury requiring medical attention, I hereby grant permission to the City of Greenfield Staff to attend to my son/daughter seeking medical attention.

_____ In the event of an emergency, I grant permission for the City of Greenfield Summer Playgrounds staff to accompany my child to the nearest hospital by rescue squad.

_____ I understand the City of Greenfield Parks and Recreation Department is not responsible for lost, stolen, or damaged personal articles.

_____ I certify that my child has no health issues that would limit his/her participation in the Summer Playgrounds program and any health or medical concerns have been disclosed.

_____ I understand I am required to read the Summer Playgrounds Newsletter with full policies and procedures, including discussing the Behavior Code of Conduct with my child, prior to starting the program. I understand that if my child chooses to disregard the rules, disciplinary action up to dismissal from the program may occur.

Liability Waiver

I, the undersigned or parent/guardian of the individual named above, do hereby understand that I have registered the individual named herein to participate in the aforementioned activity(ies) and I further agree to indemnify and hold harmless the City of Greenfield and its employees, officers and agents from and against any and all liability. In addition, I understand that the requested programs indicated above, like all activity, have some inherent risk involved. Furthermore, the individual named herein is in good physical condition appropriate for the stated activity(ies) and that participants must assume full responsibility for injuries incurred while taking part in an activity. No accident insurance is provided by the City of Greenfield. I / We have read and agree to the registration and related department policies, including the right to use my or my child's photograph or image with or without my or my child's name, both single and in conjunction with other persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity, and promotion relating thereto.

Print Name _____

Parent/Legal Guardian Signature _____ Date _____

DROP OFF/PICK UP TIMES

Before School: Drop off at 7:00 AM

Playgrounds Plus: Drop off at 7:30-8:15 AM and pick up is anytime up until 5:30 PM

After School: Pick up is anytime up until 5:30 PM

PRIORITY REGISTRATION: REGISTRATIONS RECEIVED BY APRIL 30th

Priority registration will help us determine enrollment numbers per site so we can decide if we have enough students to open at each site and have appropriate staffing. If minimum enrollment is not reached at the end of priority registration, all sites may not open this summer. If site capacity is reached during priority registration, we will work with the respective school district to ask for additional space. **Priority registration will close on Friday, April 30.**

The best way to secure your spot is to sign up for the entire summer by Friday, April 30th. There are two ways to pay for priority registration: 1) Pay for the entire summer at the time of registration (credit card will be charged at time of registration) or 2) **NEW for 2021 auto pay every two weeks** (credit card only) Enter the credit card information below and your card will be charged using the following auto pay schedule:

June 14: Charged weeks of June 21 and June 28

June 28: Charged weeks of July 5 and July 12

July 12: Charged weeks of July 19 and July 26

July 26: Charged week of August 2 and August 9

If you need to add additional weeks after priority registration closes, it will also be on a space available basis.

REGISTRATIONS AFTER APRIL 30th

Registrations will be accepted after priority registration closes as space is available. Weekly registration deadlines will apply.

REGISTRATION SUBMISSION

Please submit form and payment to Greenfield Parks & Recreation
Department | 7325 W. Forest Home Ave., Room 200 | Greenfield, WI 53220.
Office is open M-F 8:00 AM-5:00 PM. Phone: 414-329-5370 |
Fax 414-543-2369. Receive receipt via: Email U.S. Mail

EDGERTON (WSD): ALL DAY 7:30 AM - 5:30 PM			
WEEK (M-F)	PROGRAM	FEE	AMOUNT
One: 6/21-6/25 Deadline 6/11	Play Plus	<input type="checkbox"/> \$125 (R) / <input type="checkbox"/> \$188 (NR)	
	Swim	<input type="checkbox"/> \$35 (R) / <input type="checkbox"/> \$53 (NR)	
Two: 6/28-7/2 Deadline 6/18	Play Plus	<input type="checkbox"/> \$125 (R) / <input type="checkbox"/> \$188 (NR)	
	Swim	<input type="checkbox"/> \$35 (R) / <input type="checkbox"/> \$53 (NR)	
Three: 7/6-7/9* (*Note: TU-F) Deadline 6/25	Play Plus	<input type="checkbox"/> \$100 (R) / <input type="checkbox"/> \$150 (NR)	
	Swim	<input type="checkbox"/> \$35 (R) / <input type="checkbox"/> \$53 (NR)	
Four: 7/12-7/16 Deadline 7/2	Play Plus	<input type="checkbox"/> \$125 (R) / <input type="checkbox"/> \$188 (NR)	
	Swim	<input type="checkbox"/> \$35 (R) / <input type="checkbox"/> \$53 (NR)	
Five: 7/19-7/23 Deadline 7/9	Play Plus	<input type="checkbox"/> \$125 (R) / <input type="checkbox"/> \$188 (NR)	
	Swim	<input type="checkbox"/> \$35 (R) / <input type="checkbox"/> \$53 (NR)	
Six: 7/26-7/30 Deadline 7/16	Play Plus	<input type="checkbox"/> \$125 (R) / <input type="checkbox"/> \$188 (NR)	
	Swim	<input type="checkbox"/> \$35 (R) / <input type="checkbox"/> \$53 (NR)	
Seven: 8/2-8/6 Deadline 7/23	Play Plus	<input type="checkbox"/> \$125 (R) / <input type="checkbox"/> \$188 (NR)	
	Swim	<input type="checkbox"/> \$35 (R) / <input type="checkbox"/> \$53 (NR)	
Eight: 8/9-8/13 Deadline 7/30	Play Plus	<input type="checkbox"/> \$125 (R) / <input type="checkbox"/> \$188 (NR)	
	Total Edgerton		

EDGEWOOD (GSD): ALL DAY 7:30 AM - 5:30 PM			
WEEK (M-F)	PROGRAM	FEE	AMOUNT
One: 6/21-6/25 Deadline 6/11	Play Plus	<input type="checkbox"/> \$125 (R) / <input type="checkbox"/> \$188 (NR)	
	Swim	<input type="checkbox"/> \$35 (R) / <input type="checkbox"/> \$53 (NR)	
Two: 6/28-7/2 Deadline 6/18	Play Plus	<input type="checkbox"/> \$125 (R) / <input type="checkbox"/> \$188 (NR)	
	Swim	<input type="checkbox"/> \$35 (R) / <input type="checkbox"/> \$53 (NR)	
Three: 7/6-7/9* (*Note: TU-F) Deadline 6/25	Play Plus	<input type="checkbox"/> \$100 (R) / <input type="checkbox"/> \$150 (NR)	
	Swim	<input type="checkbox"/> \$28 (R) / <input type="checkbox"/> \$42 (NR)	
Four: 7/12-7/16 Deadline 7/2	Play Plus	<input type="checkbox"/> \$125 (R) / <input type="checkbox"/> \$188 (NR)	
	Swim	<input type="checkbox"/> \$35 (R) / <input type="checkbox"/> \$53 (NR)	
Five: 7/19-7/23 Deadline 7/9	Play Plus	<input type="checkbox"/> \$125 (R) / <input type="checkbox"/> \$188 (NR)	
	Swim	<input type="checkbox"/> \$35 (R) / <input type="checkbox"/> \$53 (NR)	
Six: 7/26-7/30 Deadline 7/16	Play Plus	<input type="checkbox"/> \$125 (R) / <input type="checkbox"/> \$188 (NR)	
	Swim	<input type="checkbox"/> \$35 (R) / <input type="checkbox"/> \$53 (NR)	
Seven: 8/2-8/6 Deadline 7/23	Play Plus	<input type="checkbox"/> \$125 (R) / <input type="checkbox"/> \$188 (NR)	
	Eight: 8/9-8/13 Deadline 7/30	Play Plus	<input type="checkbox"/> \$125 (R) / <input type="checkbox"/> \$188 (NR)
Total Edgewood			

MAPLE GROVE: BEFORE (7:00-8:30 AM) AFTER (11:30 AM-5:30 PM)			
WEEK (M-F)	PROGRAM	FEE	AMOUNT
Three: 7/6-7/9* (*Note: TU-F) Deadline 6/25	Before	<input type="checkbox"/> \$15 (R) / <input type="checkbox"/> \$22.50 (NR)	
	After	<input type="checkbox"/> \$60 (R) / <input type="checkbox"/> \$90 (NR)	
Four: 7/12-7/16 Deadline 7/2	Before	<input type="checkbox"/> \$19 (R) / <input type="checkbox"/> \$28.50 (NR)	
	After	<input type="checkbox"/> \$75 (R) / <input type="checkbox"/> \$122.50 (NR)	
Five: 7/19-7/23 Deadline 7/9	Before	<input type="checkbox"/> \$19 (R) / <input type="checkbox"/> \$28.50 (NR)	
	After	<input type="checkbox"/> \$75 (R) / <input type="checkbox"/> \$122.50 (NR)	
Six: 7/26-7/30 Deadline 7/16	Before	<input type="checkbox"/> \$15 (R) / <input type="checkbox"/> \$22.50 (NR)	
	After	<input type="checkbox"/> \$60 (R) / <input type="checkbox"/> \$90.00 (NR)	
Total Maple Grove			
GRAND TOTAL			

PAYMENT METHOD

Payments are due at time of registration (unless using auto pay).

Cash Check (\$25 charge for returned checks)

Credit Card: Charge Now Enroll in Auto Pay

Card # _____ Exp ____/____

Card Holder Name _____

Signature _____

