

# Kids Connection Program Registration Form 2025-2026

Please print. One form per child. A new form must be filled out each school year. Check where appropriate.

If you are splitting payments, each payee must complete a form/schedule for each child each year.



Child's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Gender ☐ M ☐ F

School ☐ Edgewood ☐ Elm Dale ☐ Glenwood ☐ Maple Grove Grade (Entering/Current) ☐ K4 ☐ K5 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Will you be splitting payment with another party? ☐ Yes ☐ No Name (First & Last) of other party \_\_\_\_\_

Parent/Guardian 1 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Resides with child? ☐ Yes ☐ No

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Primary: (\_\_\_\_) \_\_\_\_\_ Phone Secondary: (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Best way to reach you during Kids Connection? ☐ Primary Phone ☐ Secondary Phone ☐ Email ☐ Other \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Resides with child? ☐ Yes ☐ No

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Primary: (\_\_\_\_) \_\_\_\_\_ Phone Secondary: (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Authorized to pick-up? ☐ Yes ☐ No

Best way to reach you during Kids Connection? ☐ Primary Phone ☐ Secondary Phone ☐ Email ☐ Other \_\_\_\_\_

Alternate Authorized Pick-up and Emergency Contact Persons Check box if authorized pick up is emergency contact as well ☐

Name \_\_\_\_\_ Primary Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_ ☐

Name \_\_\_\_\_ Primary Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_ ☐

Name \_\_\_\_\_ Primary Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_ ☐

## Health/Medical History (If something does not apply, please leave it blank)

All immunizations required for school are up to date? ☐ Yes ☐ No (If **no**, Exemption Explanation letter required.)

Does your child have any of the following (check all that apply): ☐ ADD/ADHD ☐ Asthma ☐ Autism ☐ Diabetes ☐ Epilepsy/Seizures

☐ Cerebral Palsy/Motor Disorder ☐ Cognitively or Learning Disabled Please explain: \_\_\_\_\_

Please indicate any dietary restrictions, allergies (food and non-food), gastrointestinal or feeding concerns (include special diet and supplements). \_\_\_\_\_

Status of Vision, Hearing, & Speech \_\_\_\_\_

Indicate any other conditions requiring special care, signs or symptoms to watch for, or triggers that may cause any of the above problems. \_\_\_\_\_

Steps the childcare provider should follow, when to call parents regarding symptoms or failure to respond to treatment, when to consider that the condition requires emergency medical care or reassessment. \_\_\_\_\_

Additional Information that may be helpful to us \_\_\_\_\_

Please list any medications the child is taking and what they are used for \_\_\_\_\_

Will the medication need to be administered during Kids Connection? ☐ Yes ☐ No (If **yes**, a Medication Dispensing form MUST be completed. Kids Connection staff does not have access to medication provided to the school. Any medication would need to be provided to Kids Connection.)

## Behavior Questions

Activities your child enjoys \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Personality Characteristics that would be helpful to know

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When your child is experiencing a difficult situation, how do they handle it and how would you advise our staff to handle the situation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Please rate the questions below with a scale 1 (LOW) and 5 (HIGH)

How would you rate your child's comfort level in **Group Settings**

☐ 1 Low ☐ 2 ☐ 3 ☐ 4 ☐ 5 High

How would you rate your child's **Listening Skills**

☐ 1 Low ☐ 2 ☐ 3 ☐ 4 ☐ 5 High

How would you rate your child's **Ability to Adapt to New Settings**

☐ 1 Low ☐ 2 ☐ 3 ☐ 4 ☐ 5 High

## Is there anything else that we should know about your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Parent/Guardian Authorization Please initial each line to show that you have read and agree.

- \_\_\_\_\_ I have read the *Parent Handbook Code of Conduct*.
- \_\_\_\_\_ I hereby grant permission for my child to participate in the City of Greenfield Kids Connection 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 Kids Connection 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 Kids Connection program and any health or medical concerns have been disclosed.
- \_\_\_\_\_ I understand I am required to notify the City of Greenfield Parks and Recreation Staff of any changes to my child's personal information, medical history, authorized pick-up or schedule changes by submitting an Information Change Form or letting the administrative Parks and Recreation Staff know via email or phone call to the main office.
- \_\_\_\_\_ I understand Kids Connection fees must be prepaid in advance of service, and the failure to pay fees will result in late fees according to the current Parent Handbook of full policies and procedures.
- \_\_\_\_\_ I understand that if my child chooses to disregard the rules outlined in the Parent Handbook Code of Conduct, 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 \_\_\_\_\_



Greenfield Parks & Recreation Department  
Office Hours: M-F 8:00 AM-5:00 PM  
7325 W. Forest Home Ave., Room 200 | Greenfield, WI 53220  
Phone: 414-329-5370 | Fax 414-543-2369  
[www.greenfieldparksrec.com](http://www.greenfieldparksrec.com)





## Kids Connection Schedule Before & After School 2025-2026

### Registration Opens June 2, 2025. Space Limited. Apply Today!

Please complete one form for each child. Payments will be made in advance. The first payment will be due by August 20, 2025. Registrations received after August 20th will be processed upon receipt. Monthly payments will be due every month on the 20th for the following month. If the 20th falls on a weekend, payment is due the business day prior to the 20th. If you wish to have your credit/debit card on file and charged every month, please select AUTO-PAY when filling out payment method. If you wish to pay by Cash or Check, you must do so in the Parks and Recreation office. Please visit our website for the parent handbook with all policies and procedures at [www.greenfieldparksrec.com](http://www.greenfieldparksrec.com) or scan the QR code with your phone camera.



Child's Full Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Full Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Will you be splitting payment with another party? ☐ Yes ☐ No Name (First & Last) of other party \_\_\_\_\_

#### The weekly fees are as follows:

Days Per Week	2 Days	3 Days	4-5 Days
Before School (AM)	\$21.15	\$30.00	\$42.20
After School (PM)	\$29.25	\$39.75	\$56.25
Both (AM & PM)*	\$45.15	\$64.15	\$85.50

#### The Early Release and Schools Out fees are as follows:

Program	Fee Per Day
Early Release Afternoon Only*	\$15.90
Schools Out Regular Day	\$35.00
Schools Out with Field Trip	\$45.00

Sibling discounts are automatically calculated when enrolling. Children must attend 3 or more days per week to receive a sibling discount. The first child is the full fee and each child thereafter will receive a 10% discount. **Please Note: You will not be charged for days there is no Kids Connection. (\*) If your child is enrolled in both the Before & After School programs, you can enroll in Early Release days at no extra charge, but you still need to indicate any Early Release days your child will be attending.**

#### Schedule:

Please select the days and times your child listed above will attend before and/or after school each week. Schedule must be consistent each week with a minimum of 2 days per week in attendance. Also indicate any Early Release or Schools Out days your child would like to attend.

Program Hours: AM Care 6:30 am-8:45 am | PM Care 3:26 pm-6:00 pm | Early Release 1:26 pm-6:00 pm | Schools Out 6:30 am-6:00 PM

Enroll beginning on the following date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> Before	<input type="checkbox"/> Before	<input type="checkbox"/> Before	<input type="checkbox"/> Before	<input type="checkbox"/> Before
<input type="checkbox"/> After	<input type="checkbox"/> After	<input type="checkbox"/> After	<input type="checkbox"/> After	<input type="checkbox"/> After
<input type="checkbox"/> Before & After*	<input type="checkbox"/> Before & After*	<input type="checkbox"/> Before & After*	<input type="checkbox"/> Before & After*	<input type="checkbox"/> Before & After*

Early Release 2025-26	Schools Out 2025-26 (Field Trip Dates TBD)
<input type="checkbox"/> October 9 <input type="checkbox"/> June 11	<input type="checkbox"/> September 26 <input type="checkbox"/> December 22 <input type="checkbox"/> January 19 <input type="checkbox"/> February 16 <input type="checkbox"/> April 1 <input type="checkbox"/> May 1
<input type="checkbox"/> February 26	<input type="checkbox"/> October 10 <input type="checkbox"/> December 23 <input type="checkbox"/> January 26 <input type="checkbox"/> March 30 <input type="checkbox"/> April 2 <input type="checkbox"/> May 22
	<input type="checkbox"/> October 23 <input type="checkbox"/> December 29 <input type="checkbox"/> February 13 <input type="checkbox"/> March 31
	<input type="checkbox"/> November 26 <input type="checkbox"/> December 30

#### Parent/Guardian Authorization (Please initial):

\_\_\_\_\_ I understand that my yearly enrollment schedule can be adjusted **twice per year with at least a 2 week notice of change** and if I change it more than twice per year or outside of the 2 week notice, additional fees will be incurred.

\_\_\_\_\_ I understand that enrolling in Auto-Pay means that my card will be charged on the 20th of each month (or business day prior if 20th falls on a weekend) for care for the following month and that this dollar amount will vary depending on the number of days in that particular month.

\_\_\_\_\_ I understand that if there are unresolved payment issues (including disputed credit card charges), children are not allowed to attend Kids Connection until payment issues are resolved.

\_\_\_\_\_ I understand that if my credit card information changes I will notify the Greenfield Parks & Recreation office as soon as possible. I understand if my credit card is declined, a \$15 processing fee will be incurred.

#### Payment Method:

☐ Cash ☐ Check ☐ Credit/Debit Card\*

Card # \_\_\_\_\_

Exp. \_\_\_\_/\_\_\_\_

Card Holder Name \_\_\_\_\_

Signature \_\_\_\_\_

#### Auto-Pay (Credit/Debit\* card only):

☐ By checking this box, I authorize my credit/debit card to be charged every month on the 20th, according to my schedule as submitted, on the Auto-Pay program.

**(\*) Your Kids Connection payment will appear as a charge from CITY OF GREENFIELD on your Credit Card/Bank statement.**



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