



## CHILD INFORMATION FORM

\*Please complete form for each child in the family.

Child's Last Name		Child's First name		MI	Sex	DOB
Grade (2023-2024 school year)		Living Arrangement: _____ lives with both parents, _____ lives with mother, _____ lives with father, _____ lives with guardian				
Address				Home Phone		
City	State	Zip	Family Email Address			

### Parent/Guardian Information

Please indicate the order in which to make contact in case of emergency, illness or other unforeseen circumstance by circling 1,2,3 or 4 for the name as well as phone numbers to be called. When choosing the order, please keep in mind each person's accessibility, as well as that calls will occur between 3:30 pm and 6:00 pm.

Father's Name	1 2 3 4	Home Phone	1 2 3	Cell Phone	1 2 3	Place of Employment	Work Phone	1 2 3
Mother's Name	1 2 3 4	Home Phone	1 2 3	Cell Phone	1 2 3	Place of Employment	Work Phone	1 2 3
Guardian's Name	1 2 3 4	Home Phone	1 2 3	Cell Phone	1 2 3	Place of Employment	Work Phone	1 2 3
Guardian's Name	1 2 3 4	Home Phone	1 2 3	Cell Phone	1 2 3	Place of Employment	Work Phone	1 2 3

### Emergency Contact:

Please list emergency contacts in the order in which they should be contacted in case of an emergency. Also indicate in which order to use the phone numbers listed for each emergency contact by circling 1,2, or 3.

Name	Home Phone	1 2 3	Cell Phone	1 2 3	Work Phone	1 2 3	Relationship to Child
Name	Home Phone	1 2 3	Cell Phone	1 2 3	Work Phone	1 2 3	Relationship to Child

### Authorized Pick-Up:

The people listed below will be the ONLY people allowed to pick-up the child noted above in addition to the parents and guardians listed above. Photograph Identification is required upon pick-up.

Name	Relationship to Child	Phone Number
1.		
2.		
3.		

### Health Information

Child's Physician	Clinic Name	Phone Number
Special Health Conditions, Medications, or Allergies	Hospital Preference: _____ Aurora, _____ Bellin, _____ St. Mary's, _____ St. Vincent	

### Attendance

Please check the day(s) your child will regularly attend each program.

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School (7:00 - 9:00 am)					
After School (3:30 - 5:30 pm)					

I have read and understand the contents of the Before & After School Program Parent Handbook. I also understand the fee and payment structure and agree to pay for my child's participation in the programs in a timely manner.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



## VILLAGE OF BELLEVUE BANK CARD OR CREDIT CARD DRAFT AGREEMENT

2828 Allouez Ave. Green Bay, WI 54311 (920) 468-5225 www.VillageofBellevue.org

### Before & After School Program

Child(ren)'s Name: \_\_\_\_\_

#### Draft Account Information:

\_\_\_\_\_ Master Card \_\_\_\_\_ Visa \_\_\_\_\_ American Express

Name as it appears on the card: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

☐ By checking the box you authorize the Village of Bellevue to charge your credit card the \$15 per child per program registration fee. **No checks will be accepted for this fee!**

#### Authorization:

I hereby authorize my financial institution to withdraw the amount based on my payment schedule from the account listed above.

1. I understand my payment will continue until my scheduled payments are completed.
2. All payments will be withdrawn on the first of the month.
3. It is my responsibility to notify the Village of Bellevue Leisure Services Department immediately of any account change or closing and to provide the Village of Bellevue Leisure Services Department with current account information.
4. The Village of Bellevue reserves the right to refuse registration into programs or entrance into facilities if payments are delinquent. Full payment of delinquent payments will be required for reinstatement into programs.

#### Cancellation:

1. A two week advance written notice must be given prior to withdrawing from the program.
2. Following one month of late payments, the Village of Bellevue Leisure Services Department will send a letter and statement to be paid within 15 days.
3. Following a second month of late payments, you will be contacted by the program supervisor so that you can make arrangements to pay your balance due.
4. Following a third month of late payments, you will be contacted and asked to make arrangements to pay your balance.
5. Following the fourth month of late payments, you will be terminated from the program. Your account will be frozen and you must pay any past amount before participating in any Village of Bellevue Leisure Services Department programs in the future.

Parent/Payee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS DRAFT AGREEMENT ALONG WITH YOUR  
COMPLETED CHILD INFORMATION FORM(S)**