

Staff Only	
Initials	Date

Pavilion After-School Program 2017/2018 Registration Form						
Child's Name			Birthdate	Age		
Child's Address			City	Zip		
School			Grade	·		
				_		
Mother's Name			Email			
Phone	( H )	( W )	(C)	_		
Father's Name			Email			
Phone	( H )	( W )	(C)	_		
Are both parents	s permitted to pick up chil	d?	Yes No			
**(If no, full custody documentation must be provided)						
Emergency Cont	act Other Than Parent					
Name			Realationship to Child			
Phone	(H)	( W )	(C)	_		
Information we s	should know about your c	hild (medical, allergies, li	mitations, etc.):			
To participate in this program, the registrant,, needs a modification because of a disability. YES NO						
Approved Pick Up List Unless otherwise noted, the listed Mother and Father and Emergency Contact are approved for pick up. Please list any additional individuals who may pick up your child. Anyone picking up your child will be required to show their photo ID before we will release your child to them. We will not release a child to anyone who is not listed.						
		_				
		-	-			
		-				
		_				
		_	-			
		-				

## Optional Lesson At The Pavilion

Great discounts are offered exclusively to participants in the After-School Program. For more information, visit the front desk or use the contact information below.

Tennis Lesson -- tdriscoll@greenvillecounty.org

Figure Skating Lessons -- jcrockett@greenvillecounty.org