



Pavilion After-School Program 2018/2019

Child's Name: _____

Child's Birthdate: _____ Gender: M _____ F _____

Grade Next Fall: _____

School Attending Next Fall: _____

Prim. Guardian Name: _____

Prim. Guardian Address: _____

Prim. Guardian Email: _____

Prim. Guardian Cell Phone: _____

Prim. Guardian Work/Other Phone: _____

Secondary Guardian Name: _____

Relationship to Child: _____

Is the Secondary Guardian allowed to pick up? Yes _____ No _____

(If "No" please provide full custody documentation)

Secondary Guardian Cell Phone: _____

Secondary Guardian Work/Other Phone: _____

Emergency Contact/Pick Up #1 Name: _____

Emergency Contact/Pick Up #1 Phone: _____

Needed medical/allergy information regarding your child: _____

To participate in this program, I need a modification because of a disability. Yes _____ No _____

If you indicate a need for support, our staff will contact you to see what Greenville County Rec can do.

Approved Pick Up List

Unless otherwise noted, the listed Guardians 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.

Pick Up 2: _____

Pick Up 6: _____

Pick Up 3: _____

Pick Up 7: _____

Pick Up 4: _____

Pick Up 8: _____

Pick Up 5: _____

Pick Up 9: _____