

## **Pavilion Childcare Programming 2018/2019**

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Child's Name: \_\_\_\_\_ Gender:  M  F

Child's Birthdate: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Prim. Guardian Name: \_\_\_\_\_

Prim. Guardian Address: \_\_\_\_\_

Prim. Guardian Email: \_\_\_\_\_

Prim. Guardian Primary Phone: \_\_\_\_\_

Prim. Guardian Secondary Phone: \_\_\_\_\_

Guardian #2 Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Guardian #2 allowed to pick up? \_\_\_\_\_

Guardian #2 Primary Phone: \_\_\_\_\_

Guardian #2 Secondary Phone: \_\_\_\_\_

Emergency Contact/Pick Up #1 Name: \_\_\_\_\_

Emergency Contact/Pick Up #1 Phone: \_\_\_\_\_

List necessary medical info about 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.

Pick Up 2: \_\_\_\_\_

Pick Up 3: \_\_\_\_\_

Pick Up 4: \_\_\_\_\_

Pick Up 5: \_\_\_\_\_

### **Program Selection**

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\_\_\_\_\_ Winter Break Camp

\_\_\_\_\_ Spring Break Camp

\_\_\_\_\_ Kids Night Out

Notes: \_\_\_\_\_