

Pavilion Childcare Programming 2018/2019

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

_____ Winter Break Camp

_____ Spring Break Camp

_____ Kids Night Out

Notes: _____