



**Community Centers After-School Program  
Enrollment & Registration Form 2016-2017**

Community Center: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Child's Date Of Birth: \_\_\_\_\_ School Grade: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ School Attending: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If Different From Above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Has your child attended any other GCPRT program for after school or summer camp? Y\_\_N\_\_

If yes, which one and when? \_\_\_\_\_

**Responsible Parties**

Guardian's Name: \_\_\_\_\_ Relationship To Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell/Alt Phone: \_\_\_\_\_ Place Of Business: \_\_\_\_\_

Email address: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Relationship To Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell/Alt Phone: \_\_\_\_\_ Place Of Business: \_\_\_\_\_

Email address: \_\_\_\_\_

**Emergency Contact Info (Other than those listed above)**

Contact Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell/Alt#: \_\_\_\_\_

**(this person will be allowed to pick up your child in case of an emergency.)**

**Medical Information**

Please list any information we should know about your child (medications, allergies, etc., including food allergies, insect bites, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Are both parents allowed to pick up child? \_\_\_ yes or \_\_\_ no; if no, please explain**

**Authorized Pick Up List (In Addition to those listed above; place additional persons on the back)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**Consent to Release of Academic Records, such as MAP & PASS tests and other related information**

I grant consent for the release of my child's academic records, MAP and PASS scores, attendance records and any disciplinary incidents (i.e. referrals, detentions, etc.) to Greenville County Rec. staff; and furthermore, I grant permission to employees of Greenville County Rec. to facilitate meetings with teachers, guidance counselors, and other school officials as necessary to share and receive information regarding my child's progress at the school listed above and at Greenville County Rec.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Transportation Release**

I give consent for my child to be transported by Greenville County Rec. staff on County vehicles for field trips or programming needs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PG Movie Release**

My child has my permission to view movies rated G or PG and/or deemed appropriate by the Greenville County Rec. staff.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent for Internet Use**

I grant consent for my child to access the internet while participating in Greenville County Rec. programs. I understand that my child may not be able to access or view certain sites at the discretion of Greenville County Rec. staff.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Walker Release (3<sup>rd</sup> Graders and Up)**

I hereby give my child permission to be dismissed from the After-School Program with walkers and release Greenville County Rec. from any liability regarding my child once they are dismissed from the program. It is my responsibility to notify the program if I wish to change this arrangement. Unless I specifically notify the program, my child is allowed to walk home at the end of the day when walkers are dismissed. I also understand that as a walker, my child will not be permitted to leave the program early unless I speak with the program staff.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(sign "N/A" if you do not want your child to walk at any time or if this does not apply to you)



I have read and do understand the enrollment and registration process. I understand that payment for services is due each month on time. I agree that all of the information presented above is true and accurate.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR GRANT PURPOSES: (check which applies)**

Student Gender

\_\_\_\_ Male

\_\_\_\_ Female

Household Economic Status

\_\_\_\_ \$21,000 and below

\_\_\_\_ \$34,000 - \$44,000

\_\_\_\_ \$22,000 - \$33,000

\_\_\_\_ \$45,000 and above

Student Race-Ethnicity

\_\_\_\_ African-American

\_\_\_\_ Hispanic/Latino

\_\_\_\_ Caucasian

\_\_\_\_ Asian/Pacific Islander

\_\_\_\_ Multi-racial

\_\_\_\_ Native American

\_\_\_\_ Other: \_\_\_\_\_

Student Disability

\_\_\_\_ Identified Disability

\_\_\_\_ Not Identified Disability

**To be completed with staff member:**

The parent/guardian has received a copy of the parent handbook.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff member Signature: \_\_\_\_\_ Date: \_\_\_\_\_