

AFTERSCHOOL 2018-2019

Child's Name: _____

Child's Birthdate: _____

Grade: _____ Gender: Male or Female

School: _____

Prim Guardian Name: _____

Prim Guardian Email: _____

Prim. Guardian Address: _____

City, State, Zip: _____

Prim. Guardian Primary Phone: _____

Prim. Guardian Secondary Phone: _____

Sec. Guardian Name: _____ Allowed to pick up? Yes or No

Relationship to Child: _____

Sec. Guardian Primary Phone: _____

Sec. Guardian Secondary Phone: _____

Emergency Contact/Pick Up #1 Name: _____

Emergency Contact #1 Best Phone: _____ Work Phone: _____

Emergency Contact/Pick Up #2 Name: _____

Emergency Contact #2 Best Phone: _____ Work Phone: _____

List necessary medical info about child: _____

ADA COMPLIANCE

To participate in this program, the participant, _____, needs a modification because of a disability. No or Yes

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

Please complete:

Circle Location:

Brutontown CC Freetown CC Mt. Pleasant CC Staunton Bridge CC Sterling CC

Mt. Pleasant Teen Sterling Teen

Choose one of each set: Paid Bus rider _____ or Non-paid bus rider _____ **AND** Walker _____ or Pick up _____

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 to read, review, and abide by the parent handbook available on the website or I can request a copy from staff.** I agree that all of the information presented above is true and accurate.

Parent/Guardian Signature: _____

Date: _____

Print Parent/Guardian Name: _____

(please complete the back page)

Addiitonal Pick up List

Pick up # 3 Name: _____

Pick up # 4 Name: _____

Pick up # 5 Name: _____

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

I grant consent to my child's school, _____, for the release of my child's, _____ (participant's name), 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: _____

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

____ Not Identified Disability
____ Identified Disability

Staff Signature: _____

Date: _____



WAIVER AND RELEASE FORM

Please read carefully.

Please print in all blanks.

I, _____, the Parent/Guardian of _____ (Participant's Name) give my permission for him/her to participate in the 2018/2019 Community Center After-School Program, sponsored by Greenville County Parks, Recreation, and Tourism. I understand that program activities involve outdoor games, travel to and from special activities, and other physical activities, which can result in bodily injury. I, _____ (Parent/Guardian) hereby release and hold harmless Greenville County Parks, Recreation, and Tourism, its agents, and employees from any liability from any injuries or damages resulting from _____ (Participant's Name) participation in the 2018/2019 Community Center After-School Program.

I understand photographs of participants may be taken during the After-School Program, and I give permission for Greenville County Parks, Recreation, and Tourism to use those photographs in publicity materials.

Parent/Guardian's
Printed Name: _____

Signature: _____

Date: _____