

Staff Only	
Initials	Date

Pavilion After-School Program 2016/2017 Registration Form						
Child's Name			Birthdate	Age		
Child's Address			City	Zip		
School			Grade			
				-		
Mother's Name			Email			
Phone	(H)	(W)	(C)			
Father's Name			Email	<b>-</b>		
Phone	(H)	(W)	(C)	_		
Are both parents	permitted to pick up child	l?	Yes No	<u>-</u>		
**(If no, full custody documentation must be provided)						
Emorgonou Conto	ct Other Than Darent					
Name	ct Other Than Parent		Realationship to Child			
	/ 11 \	/ \\/ \	•			
Phone	<u>(H)</u>	( W )	(C)	-		
Information we should know about your child (medical, allergies, limitations, etc.):						
information we should know about your crima (medical, affergies, fillitations, etc.).						
Approved Pick Up	List					
Unless otherwise noted, the listed Mother and Father 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. We will not release a child to anyone who is						
not listed.						

## Optional Lesson At The Pavilion

Great discounts are offered exclusively to participants in the After-School Program. For more information, visit the front desk or use the contact information below.



