



Childcare Application (ALL students)  
 Immunizations (NEW students)  
 \$25 Registration Fee (NEW Students)

**Please fill out this form completely. Any field that does not apply, write N/A.**

*Thomasville Community Resource Center, Inc.*  
**Registration Form**

**SECTION I: CHILD'S PERSONAL INFORMATION**

<b>A. Legal Last Name</b>	<b>B. Legal First Name</b>	<b>C. Legal Middle Name</b>
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<b>D. Date of Birth (MM/DD/YYYY)</b>	<b>E. Age</b>
<b>F. Gender</b> Male                  Female                  Other	

<b>G. Home Address</b>					
<b>H. P.O. Box/Apt #</b>					
<b>I. City</b>		<b>J. State</b>		<b>K. Zip Code</b>	
<b>L. Parent or Guardian Name</b>					
<b>M. Cell Phone Number</b>					
<b>N. Alternate Phone Number</b>					
<b>O. Email Address</b>					

**SECTION II: CHILD'S SCHOOL INFORMATION**

<b>A. Grade Level (upcoming school term)</b>	
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<b>B. School Attending</b>	
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C. Is the student an ESOL* student:	Yes	No	* <i>English as a second language</i>
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**SECTION III: CHILD'S DEMOGRAPHIC INFORMATION**

A. Ethnicity	Black, Non-Hispanic	Hawaiian Native/Pacific Islander
	White, Non-Hispanic	Alaska Native/American Indian
	Asian	Hispanic/Latino
	Other - Specify:	

B. Is the student a special needs student?	Yes	No
	If yes, please specify the child's special need(s): _____	

**SECTION IV: CHILD'S HOUSEHOLD INFORMATION**

A. Participant Lives With:	One parent	Group Home
	Both parents	Grandparents
	Guardian/Caregiver	Other
	Foster Home	

B. How many people are in your household?
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**SECTION V: PARENT/GUARDIAN DECLARATORY STATEMENT**

I (print name) \_\_\_\_\_ certify that all the information given in this form is correct and true to the best of my knowledge. I understand that providing false information may result in my child not being able to participate in Out of School Services.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

<b>BUSINESS OFFICE</b>	
\$25.00 Registration Pay Date	____/____/____ Staff Name _____