



P.O. Box 1897  
Thomasville, Georgia 31792-1897  
Phone: (229) 226-5846 Fax: (229) 226-4595

**Program Enrollment  
(Check all that Apply)**

- ☐ **Afterschool**  
☐ **Off Site**  
☐ **Summer**

## CHILDCARE ENROLLMENT APPLICATION

**Application Received**

**Enrollment Date:**

**Withdrawal Date**

### Child's Information:

**Please fill out this application completely. Do NOT leave anything blank. Any field that does not apply write "N/A".**

Child's First, Middle, & Last Name

Sex

Age

Date of Birth

Home Address

Home Telephone

City

State

Zip

School Child Attends

Grade

Allergies/Allergic to Anything

### Child's Parents:

Father's Name

Address (if different from child)

Father's Place of Employment

Address of Employment

Business Number

Cell Phone Number

Alternate Phone Number

Father's Email Address

Mother's Name

Address (if different from child)

Mother's Place of Employment

Address of Employment

Business Number

Cell Phone Number

Alternate Phone Number

Mother's Email Address

Prior Afterschool/Summer Camp/ ~ Services Provided:

(Please check all that apply)

- ☐ Recreation/Enrichment  
☐ Tutoring  
☐ Homework Help  
☐ Academic Enrichment  
☐ Other: (Please Specify) \_\_\_\_\_

Why did you leave your last provider?

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**Household Information:**

Child's Living Arrangements:

☐ Both Parents      ☐ Mother      ☐ Father      ☐ Other  
(Please Specify) \_\_\_\_\_

Child's Legal Guardian(s):

☐ Both Parents      ☐ Mother      ☐ Father      ☐ Other  
(Please Specify) \_\_\_\_\_

**PLEASE COMPLETE ALL LINES THAT APPLY.**

**Contact Information:** All information must include full address and phone numbers or application **WILL NOT BE ACCEPTED.**

_____ Father's Name	_____ Cell Phone Number
_____ Work Phone Number	_____ Alternate Phone Number
_____ Mother's Name	_____ Cell Phone Number
_____ Work Phone Number	_____ Alternate Phone Number



## CHILD TO BE RELEASED TO OR IN THE EVENT OF AN EMERGENCY

Child may be **RELEASED** to person signing this agreement or to the following. This person can also be contacted in the **EVENT OF AN EMERGENCY** and the parent(s) cannot be reached. (These names are the only ones that will be allowed to pick up students):

Full Name	Full Address (City, St, Zip)	Phone Number	Relationship to Child

Medical History:

Child's Physician	Clinic Name (Child's Primary Health Source)
Physician Address	Physician Telephone Number

My child has the following special need(s). Please describe any known allergies or other physical problems, mental health disorders, mental retardation or developmental disabilities:

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The following special accommodation(s) may be required to most effectively meet my child's needs while at the Resource Center:

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My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies or health concerns:

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*\*\* Evidence of age-appropriate immunizations or a signed affidavit against such immunizations is required to be on file in the Resource Center’s office in order to complete the enrollment process.*

Medical Facility the Center Uses:     **Archbold Hospital,  
507 Gordon Avenue  
Thomasville, GA 31792**

_____ Signature (Must be completed by custodial parent/guardian)	_____ Date
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THOMASVILLE COMMUNITY  
RESOURCE CENTER  
Thomasville Community Resource Center  
P.O. Box 1897  
Thomasville, GA 31799  
Phone: (229) 226-5846 Fax: (229) 226-4595

## GUIDE FOR AUTHORIZATION OF MEDICATION

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

Name of Medication(s) \_\_\_\_\_

Prescription Number(s) \_\_\_\_\_

Time Medication is to be given \_\_\_\_\_

Amount of Medication to be given \_\_\_\_\_

Dates Medication to be given \_\_\_\_\_

\_\_\_\_\_  
Signature (Must be completed by custodial parent/guardian)

\_\_\_\_\_  
Date

### For Center Use:

	<u>Date</u>	<u>Time Given</u>	<u>Amount</u>	<u>Any Adverse Reaction</u>	<u>Administered by</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____

**IF NOTICEABLE ADVERSE REACTION TO MEDICATION IS OBSERVED,  
WHAT ACTION WAS TAKEN? DESCRIBE.**

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



## PARENT AGREEMENT

1. The Thomasville Community Resource Center [TCRC] agrees to provide day care for

\_\_\_\_\_ **Name of Child** \_\_\_\_\_ **Days of the week**  
from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. My child will participate in the following meal plan:

(check all boxes of meals and snacks that apply):

☐ Breakfast ☐ Morning Snack ☐ Lunch ☐ Afternoon Snack

2. Before any medication is dispensed to my child, I will provide a written authorization which includes: date, name of child, name or medication, prescription number, if any dosage; date and time of day medication are to be given to child. Medicine must be in the original container with my child's name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.
4. I acknowledge it is my responsibility to keep my child's records current to reflect significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, and immunization records, etc.
5. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which involve or affect my child.
6. The Thomasville Community Resource Center, agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.
7. In event of an emergency involving my child and if the Center cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.
8. My child's physician or clinic's name:

\_\_\_\_\_  
Child's Physician

\_\_\_\_\_  
Clinic Name (Child's Primary Health Source)

\_\_\_\_\_  
Physician Address

\_\_\_\_\_  
Physician Telephone Number

9. I have received a copy and agree to abide by the childcare policies and procedures for Thomasville Community Resource Center.

\_\_\_\_\_  
Signature (Must be completed by custodial parent/guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Program Manager

\_\_\_\_\_  
Date



## **PUBLICATIONS, VIDEO, INTERNET CONSENT RELEASE FORM**

Students who attend the after school and summer program at the Thomasville Community Resource Center are occasionally asked to be part of school and/or district publicity, publications and/or public relations activities. TCRC takes advantage of the benefits of modern media and technology. Students' images may appear in pictures, brochures, newsletters, newspapers, annual reports, videos, television programs, commercials, web sites, and/or audiotapes. This release shall be binding upon and inure to the benefit of the partners, their successors, assigns and personal representatives. Please take the time to review the following Consent Release Form and select an appropriate option.

**PARENTS: PLEASE SIGN THIS FORM AND RETURN IT TO THE TCRC STAFF AS SOON AS POSSIBLE. YOUR CHILD MAY APPEAR IN ANY OF THE MARKETING/PROMOTIONAL PROJECTS LISTED BELOW FOR INDIVIDUAL SCHOOLS OR THE SCHOOL SYSTEM.**

☐ My child **has** permission to be photographed for TCRC's publications, video and/or website by TCRC staff and the news media.

☐ **I do not** want my child to be photographed for TCRC public relations activities.

**Be it known, that by granting TCRC permission, you jointly and generally forever release, discharge, acquit and forgive TCRC from any and all claims, actions, suits, agreements, liabilities, and proceedings of every nature and description both at law and in equity arising from the use of the undersigned's image in any medium.**

**\*\*\*\*\*TCRC has no control of media use of pictures/statements that are taken without permission\*\*\*\*\***

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**Child's Name (Please Print)**

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**Signature of Parent/Legal Guardian**

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**Date**



## TRANSPORTATION AGREEMENT (For After School Only)

This is to certify that I give Thomasville Community Resource Center permission to transport my child:

\_\_\_\_\_ from \_\_\_\_\_  
**(Name of Child)** **(Name of School)**

at \_\_\_\_\_ (a.m./p.m.) to Thomasville Community Resource Center at  
501 Varnedoe Street at \_\_\_\_\_ (a.m./p.m.) on the following days:

\_\_\_\_\_ Monday  
\_\_\_\_\_ Tuesday  
\_\_\_\_\_ Wednesday  
\_\_\_\_\_ Thursday  
\_\_\_\_\_ Friday

<b><i>Name of School</i></b>	<b><i>(Check One)</i></b>	<b><i>Miles to Center</i></b>
Harper Elementary		1 mi
Scott Elementary		2 mi
Jerger Elementary		1.3 mi
Thomas County Head Start Center		1.6 mi

In the event that my child is not to be transported as outlines above, I agree to notify the Thomasville Community Resource Center, **at least one (1) hour in advance.**

\_\_\_\_\_  
Signature of Custodial Parent/Guardian

\_\_\_\_\_  
Date





## TRANSPORTATION AGREEMENT (For Summer Only)

This is to certify that I give Thomasville Community Resource Center permission to transport my child:

\_\_\_\_\_ from \_\_\_\_\_  
(Name of Child) (Name of School)

**LOCATIONS/DEPARTURE TIMES FOR FIELD TRIPS WILL BE  
RELEASED BEFORE THE START OF THE SUMMER PROGRAM.**

In the event that my child is not to be transported as outlines above, I agree to notify the Thomasville Community Resource Center, **at least one (1) hour in advance.**

\_\_\_\_\_  
Signature of Custodial Parent/Guardian

\_\_\_\_\_  
Date



## VEHICLE EMERGENCY MEDICAL INFORMATION

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Alternate Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Business Phone Number

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Alternate Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Business Phone Number

List child's special need(s). Please describe any known allergies or other physical problems, mental health disorders, or developmental disabilities.

My child is currently on medication(s) prescribed for long-term continuous use on a daily basis for a chronic condition(s):

\_\_\_\_\_  
Child's Physician

\_\_\_\_\_  
Physician Telephone Number

Child(ren) will be taken to **Archbold Hospital (507 Gordon Avenue, Thomasville, Georgia)** unless, and if determined, that it is medically necessary to transport elsewhere.

**IN THE EVENT OF AN EMERGENCY INVOLVING MY CHILD, AND IF THE THOMASVILLE COMMUNITY RESOURCE CENTER CANNOT CONTACT ME, I HEREBY AUTHORIZE ANY NEEDED EMERGENCY MEDICAL CARE. I FURTHER AGREE TO BE FULLY RESPONSIBLE FOR ALL MEDICAL EXPENSES INCURRED DURING THE TREATMENT OF MY CHILD.**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Signature of Custodial Parent/Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed by

\_\_\_\_\_  
Date



## BUS PICKUP POLICY

**Our bus pick-up is directly related to weekly paid attendance records. As you know, our policy is to collect fees on the Friday, prior to each week that your child attends our afterschool program. Based on the fees, we have received by Monday noon each week, we develop our bus schedule for that week. Our bus drivers are given a list of the students that are expected to pick up each day at school, based on our list of paid registrants that morning.**

The public school that your child attends is responsible for making sure your child is in line and waiting for the bus. If your child is **NOT** in line, our driver will ask the teacher on duty if they know where your child is, but we are only responsible for waiting if the teacher can assure us that your child is actually on his/her way to the bus line at that time. We cannot hold up other buses and students at the other schools while searching for your child.

**\*\*We are NOT responsible for picking up your child after school under the following conditions:**

- 1. If you have not paid for the week by Monday at noon (if we do not have payment, we assume your child is not attending that week unless other arrangements have been made in advance).**
- 2. If your child is kept after school and/or is not in line when our bus or van arrives at the school.**
- 3. If your child is picked up at school by someone else (if your child is being picked up by someone else, we would greatly appreciate a phone call or message, so we know at least one (1) hour in advance, not to look for your child).**

**It is our policy to return to the school to pick up a missed child ONLY IF WE forgot the child or it was our fault in some way the child was not picked up. We cannot return to the school if it was YOUR CHILD'S FAULT or YOUR FAULT that your child was not picked up. In those instances, it becomes the responsibility of the school and/or parent.**

Please feel free to contact Thomasville Community Resource Center at (229) 226-5846, if you have additional questions regarding the bus policy.

I have read and agree to abide by the bus policy described above.

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Program Manager

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Date

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Signature of Custodial Parent/Guardian



## STUDENT BEHAVIOR GUIDELINES

It is important that students follow guidelines so that we can all enjoy our day in a way that is safe, fair, and fun for everyone. Students must express their thoughts and feelings **WITHOUT** using physical or verbal aggressive behaviors such as **hitting, slapping, pushing, kicking, punching, fighting bullying, name calling, cursing, etc.** The **first time** a student uses a physically aggressive behavior such as hitting, shoving, pushing, kicking, slapping, or punching, the students' parents will be contacted immediately and **the student will be suspended from the program for 5 days.** If the student uses physically aggressive behavior a **second time, he/she will be expelled from the program for the remainder of the school year and/or the summer program.** **Bullying is not tolerated in this program, and if your child bullies another child they will be dismissed from the program.** The students that are enrolled in our program are expected to follow the staff's directions and participate in all activities sponsored by the program. If your child refuses to comply with staff's directions or refuse to participate in the activities they will be suspended for 3 days, and if the behavior continues the student will be dismissed from the program.

At all ages we will advise children of what behavior is considered acceptable. For minor infractions such as excessive loudness, running, disrespectful communication, whining, throwing, and not following directions, the following procedures will apply:

1. Inappropriate behavior begins: Verbal Warning
2. Behavior Continues: Office Referral to the Site Coordinator, and 1-day suspension from the program
3. Behavior Continues: 3-5-day suspension from the program
4. Behavior Continues: Dismissal from the program

**\*After 3 documented infractions, the Site Coordinator, Program Manager/ Director, and parent will meet to determine whether or not the child should remain in the program.**

Students will never be subject to discipline that is severe, humiliating, or frightening. We will never allow discipline to be associated with food or rest. Spanking or other forms of corporal punishment is prohibited. Parental involvement will be requested if our discipline policy becomes ineffective with a student.

**Specific rules, procedures, and consequences will vary by site and age. Consequences may include time outs, missing special activities, written behavior contracts, suspension, and dismissal from the program.**

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Student Signature

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Date

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Signature (Must be completed by custodial parent/guardian)

---

Date



## **PHYSICAL or MENTAL ABUSE, SEXUAL ABUSE, and SEXUAL MOLESTATION PREVENTION POLICY**

Thomasville Community Resource Center does not permit actual or threatened acts of physical or mental abuse, sexual abuse, sexual molestation or sexual misconduct ("prohibited conduct") to occur in the workplace or at any activity sponsored by or related to it. In order to make this "zero-tolerance" policy clear to all employees, volunteers, and staff members, we have adopted mandatory procedures that employees, volunteers, family members, board members, individuals, and victims must follow when they reasonably suspect, learn of or witness prohibited conduct. Abuse or molestation means each, every, and all actual, threatened, or alleged acts of physical or mental abuse, sexual abuse, sexual molestation, or sexual misconduct performed by one person or by two or more persons acting together.

### **Reporting Procedure**

All staff members who learn of, have a reasonable suspicion of prohibited conduct must immediately report it to their supervisor. Supervisor is responsible for contacting Associate/Executive Director to investigate. If the victim is an adult, abuse or neglect will be reported by this designee to the local or state police and/or Adult Protective Services (APS) Agency. If a child is the victim of abuse or neglect the designee will report it to the local or state police and/or Child Abuse Agency. Appropriate family members of the victim must be notified immediately of suspected child abuse or neglect.

### **Investigation & Follow Up**

We take allegations of prohibited conduct seriously. Once the allegation is reported we will promptly, thoroughly, and impartially initiate an investigation to determine whether there is a reasonable basis to believe that the prohibited conduct has occurred and that it was committed by the target(s) of the investigation. The investigation may be undertaken by an internal team comprised of fellow employees or we may hire an independent third party. We will cooperate fully with any investigation conducted by law enforcement or regulatory agencies and we may refer the complaint and the result of our investigation to those agencies. We reserve the right to place the target(s) of the investigation on an involuntary leave of absence or reassigning that person to responsibilities that do not involve personal contact with individuals or students. To the fullest extent possible, but consistent with our legal obligation to report suspected prohibited conduct to appropriate authorities, we will endeavor to keep the identity(ies) of the target(s) and the alleged victim(s) confidential. If the investigation substantiates the allegation, our policy provides for disciplinary penalties, including but not limited to termination of the target's relationship with our organization.

### **Retaliation Prohibited**

We prohibit retaliation against anyone, including an employee, volunteer, board member, student, or individual who in good faith reports prohibited conduct. Retaliation against a participant in the investigation is also prohibited. Anyone who retaliates against someone who has made a good faith allegation of prohibited conduct or intentionally provides false information to that effect will be subject to discipline, up to and including termination. (Acknowledgment continued on next page)



**ACKNOWLEDGMENT OF RECEIPT OF PHYSICAL or MENTAL ABUSE,  
SEXUAL ABUSE, SEXUAL MOLESTATION, AND SEXUAL MISCONDUCT  
POLICY**

I, \_\_\_\_\_, acknowledge that I have received and read the physical or mental abuse, sexual abuse, sexual molestation, and sexual misconduct policy immediately preceding my signature below. I understand that I am bound to follow the policy and understand the consequences in the event that I fail to do so.

\_\_\_\_\_  
Employee/Volunteer/Parent (Please Print)

\_\_\_\_\_  
Signature of Employee/Volunteer/Parent

\_\_\_\_\_  
Date:



**THOMASVILLE COMMUNITY RESOURCE CENTER**

P.O. Box 1897

Thomasville, GA 31792-1897

Phone: (229) 226-5846 Fax: (229) 226-4595

Email: [tcrc.receptionist@tcrc.community](mailto:tcrc.receptionist@tcrc.community)

**RELEASE OF RECORDS  
(For After School Only)**

☐ This is to authorize \_\_\_\_\_ to release my child's grade records to the Thomasville Community Resource Center (TCRC) for their afterschool program for my child(ren) listed below.

Student's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Student's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Student's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

☐ I decline due to my child not attending the afterschool program.

\_\_\_\_\_  
Signature of Custodial Parent/Guardian

\_\_\_\_\_  
Date

For Thomas County Bus Transportation Agreement, see Page 19.



## **PARENT HANDBOOK ACKNOWLEDGEMENT**

In order to provide the most effective communication to parents regarding activities and/or resources for your child, various types of information are presented in an annual student handbook. Our desire is to involve parents in the education of their children. We want parents to understand the daily activities and the expected behavior for their children while they are at the center, attending a program function, or are in route to a program related function.

Your signature below indicates that you have reviewed the student handbook and understand its contents. Please sign the form below and return it to your child's after school teacher. If you have any questions, please contact the Thomasville Community Resource Center at (229) 226-5846.

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**Child's Name: (Please Print)**

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**Signature of Parent/Legal Guardian**

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**Date:**





**AMENDMENT TO PARENT/STUDENT HANDBOOK  
FEES FOR AFTERSCHOOL/ SUMMER PROGRAM  
CREDIT CARD PAYMENTS ONLY**

**Afterschool Program Fees .....\$50.00 weekly**  
**Summer & Break Program Fees .....\$85.00 weekly**  
**Yearly Registration Fee (when you sign your child up) .....\$25.00 per family**  
**(Non-Refundable)**

**\*\*FEES\*\*** must be paid by Friday (close of business) of the previous week to ensure bus pick up for the upcoming week. If fees are not paid by Friday, a \$10 late fee is assessed on Monday.

[1] If fees are not paid by Monday a letter (by email) will be sent home stating student will not be picked up on Tuesday until fees are paid in full. [2] In addition, student(s) cannot be dropped off until fees have been paid in full. If payment is not made by Friday, the child will have lost the slot and will need to reapply. If spot is no longer available child will be placed on the wait list.

Fee payments must be paid in the form of credit card or online at [www.tcrconline.org](http://www.tcrconline.org). **WE DO NOT ACCEPT CASH - "CREDIT CARD PAYMENTS ONLY"**. For your convenience, payments can be made in the office by credit card through "PAYPAL" only. **WE DO NOT ACCEPT CASH - "CREDIT CARD PAYMENTS ONLY"**.

Fees include transportation from all City & County Public Schools (during the school year), field trip transportation during the summer, plus snacks and/or meals.

**There is no fee reduction for absences, vacations or holidays unless our facility is closed.**

If child does not attend for the week, a fee of \$10.00 must be paid to hold the spot, if the child anticipates returning to TCRC. If the fee is not paid, child will lose their slot and a student from the waiting list will be enrolled.

**Weekly fees are not prorated.** If a child leaves TCRC indefinitely and wishes to return sporadically on school vacation days, the child may return under the following conditions:

- Availability of opening
- Daily Rate: \$20 daily
- Afterschool Daily: \$10 daily

**Late Fees:**

Should your child be left at the center after the end of the program day (**5:30 p.m. in the summer, 6:00 p.m. during the school year**), you will be expected to pay a late fee **of \$1.00 for every minute (for example if you are 15 minutes late you will pay \$15.00)**. Payment is due at the time of pick up or it will be charged to your account. Staff expects to go home when their shifts are finished; please help us to get everyone home on time. Should you have an emergency and need to be late, please notify the Center.

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Signature (Must be completed by custodial parent/guardian)

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Date

## CACFP/SFSP Meal Benefit Income Eligibility Statement

Center Name: Thomasville Community Resource Center [TCRC]**PART I: Child(ren) or Adult enrolled to receive day care**

Name: (Last, First and Middle Initial)	DOB	SNAP, TANF, or FDIIR case number, or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. Note: Do not use EBT numbers. Write case number and proceed to Part III.	Children in Head Start, foster care and children who meet the definition of migrant, runaway, or homeless are eligible for free meals. Check (✓) all that apply. (See definitions in FAQs)				
			Head Start	Foster Child	Migrant	Runaway	Homeless
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART II: Report income for ALL Household Members (Skip this step if participant is categorically eligible as documented in Part I.)**

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

**A. Child Income<sup>1</sup>** - Sometimes children in the household earn or receive income. Please indicate the TOTAL income received by child household members listed in PART I here.

Child Income/How often?

\$ \_\_\_\_\_ / \_\_\_\_\_

**B. Other Household Members<sup>1</sup>**. List all household members (including yourself) not listed in Part I even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter "0" or leave any field blank you are certifying (promising) there is no income to report.

Name of Other Household Members (First and Last)	1. Earnings from work before deductions / How often	2. Welfare, child support, alimony / How Often	3. Social Security, pensions, retirement / How Often	4. All other income / How Often
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

**C. Total Household Members (Adults and Children) listed in Part I and Part II** \_\_\_\_\_**Social Security Number.** If income is listed or completed in Part II, the adult completing the form must also list the last four digits of his or her Social Security Number or check the "I don't have a Social Security Number" box below. (See Privacy Act Statement on next page). Failure to complete this section, if income is listed, will result in the denial of free or reduced eligibility.

Last four Digits of Social Security Number XXX-XX \_\_\_\_\_

☐ I do not have a Social Security Number**PART III: Enrollment Information: Children Only**My child is normally in attendance at the facility between the hours of \_\_\_\_\_ [am/pm] to \_\_\_\_\_ [am/pm]. ☐ (✓) Check here if only before/after school care is provided.

Circle the days your child will normally attend the center: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Circle the meals your child will normally receive while in care: Breakfast AM Snack Lunch PM Snack Supper Evening Snack

**PART IV: Signature**

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. This signature also acknowledges that the child(ren) or adult listed on the form in Part I are enrolled for care. If not completed fully and signed, the participant will be placed in the Paid category.

Signature: X

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**PART V: Participant's Ethnic and Racial Identities (optional)**

Check (✓) one ethnic identity:

☐ Hispanic/ Latino ☐ Not Hispanic/ Latino

Check (✓) one or more racial identities:

☐ Asian ☐ White ☐ Black or African American ☐ Indian or Alaska Native ☐ Hawaiian or other Pacific Islander**Official Use Only Section for Provider:** Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12Total income: \_\_\_\_\_ Per: ☐ Week ☐ Every 2 weeks ☐ Twice a month ☐ Month ☐ Year Household Size: \_\_\_\_\_Categorical Eligibility: check (✓) if applicable ☐Eligibility: check (✓) one Free ☐ Reduced ☐ Paid-Denied ☐Day Care Homes Only: check (✓) one Tier I ☐ Tier II ☐

When more than one person is performing CACFP duties, there must be at least two signatures on this form: one signature from the Determining Official (the official who determined initial income classification) and one signature from the Confirming Official (the official who verified the form's accuracy).

Determining Official's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Follow Up Official's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ***"Ready to Ride"***

### ***Thomas County Schools Bus Behavior Contract***

- **I Pledge to:** Be on time to the bus stop (*at least 5 minutes before the bus arrives*) and stand patiently and respectfully with the rest of my peers. Respect personal property at bus stop and on bus. I will respect bus property. **(Parents will pay for any damages to the bus)**
- I will wait for the bus to come to a complete stop before boarding or disembarking from the bus. If you need to cross the road wait for the driver to signal you to do so. All electronic devices are left up to the discretion of the driver, except when getting on and off the bus it should be in their backpacks.
- Students will load or unload ONLY at their designated stop unless they have a permission slip signed by the principle of their school.
- The school bus is an extension of the classroom. Students must have the same conduct on the bus as in the classroom.
- Help students who are bullied. DO NOT throw, spit, kick, or hit.
- Treat everyone with respect, including myself. DO NOT leave trash, food, etc. on the bus.
- Stop talking at railroad crossings. DO NOT put any objects outside the window.
- Talk with a quiet voice and say things that are only positive and helpful to those around me. Talk kindly to others. No fighting, pushing, or sexual harassment.
- Remain in my seat and keep my hands and feet to myself. STAY seated (seat to seat, back to back). DO NOT leave seat while bus is in motion. DO NOT put anything in the aisle. DO NOT push or shove others.
- Obey the bus driver at all times and treat him/her with respect. DO NOT distract the driver. Give the driver my name when asked.

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(Please return this portion to the bus driver) **Riding the bus is a privilege NOT a right!**

Student's Full Name \_\_\_\_\_ School \_\_\_\_\_  
Homeroom Teacher \_\_\_\_\_ Bus # \_\_\_\_\_

Home Address (No P.O. Boxes) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Secondary Address \_\_\_\_\_ City \_\_\_\_\_

Parent or Guardian assigned to the bus stop \_\_\_\_\_  
(For Pre-K through 3<sup>rd</sup> grade)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Please list any medical conditions and/or medications that the driver needs to be aware of for your child:

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

I am a student who understands what I have read. I agree to follow the bus rules set by Thomas County School System and the Ready to Ride expectations in order to make it a safe ride for myself and other students.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



## **Child Contact List**

### **In the event of an emergency**

*CONTACT*

*NUMBER*

*RELATIONSHIP*

*Mother*

*Father*

My child has the following special need(s). Please describe any known allergies or other physical problems, mental health disorders, mental retardation or developmental disabilities: