



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		
A. Legal Last Name	B. Legal First Name	C. Legal Middle Name

D. Date of Birth (MM/DD/YYYY)	E. Age
F. Gender Male Female Other	

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

SECTION II: CHILD'S SCHOOL INFORMATION	
A. Grade Level (upcoming school term)	
B. School Attending	

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?

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