



Parent/Legal Guardian: _____

Mailing Address: _____

Physical Address: _____

Cell Phone # _____ Other Phone #: _____

Email: _____

Chaperones' Name(s) (Others not listed as Parent/Legal Guardian): _____

Note: Fill in the following information for each child you are registering for. * Required

Registrant's Name*	Age*	Date of Birth*	Race	Ethnicity
1.			<input type="checkbox"/> W <input type="checkbox"/> AA/B <input type="checkbox"/> Asian <input type="checkbox"/> AI/AN <input type="checkbox"/> NH/PI <input type="checkbox"/> 2+ races	<input type="checkbox"/> Hispanic
2.			<input type="checkbox"/> W <input type="checkbox"/> AA/B <input type="checkbox"/> Asian <input type="checkbox"/> AI/AN <input type="checkbox"/> NH/PI <input type="checkbox"/> 2+ races	<input type="checkbox"/> Hispanic
3.			<input type="checkbox"/> W <input type="checkbox"/> AA/B <input type="checkbox"/> Asian <input type="checkbox"/> AI/AN <input type="checkbox"/> NH/PI <input type="checkbox"/> 2+ races	<input type="checkbox"/> Hispanic
4.			<input type="checkbox"/> W <input type="checkbox"/> AA/B <input type="checkbox"/> Asian <input type="checkbox"/> AI/AN <input type="checkbox"/> NH/PI <input type="checkbox"/> 2+ races	<input type="checkbox"/> Hispanic
5.			<input type="checkbox"/> W <input type="checkbox"/> AA/B <input type="checkbox"/> Asian <input type="checkbox"/> AI/AN <input type="checkbox"/> NH/PI <input type="checkbox"/> 2+ races	<input type="checkbox"/> Hispanic

Race Codes: W: White, AA/B: African-American or Black, AI/AN: American Indian or Alaskan Native, NH/PI: Native Hawaiian or Pacific Islander

Town of Thompson Residents Only
(Must Show Proof of Residency)



Scan the QR code to take a short survey on what activities you want to see in the Town.

I Acknowledge that the child (children) listed above have a parent or guardian that resides in the Town of Thompson.

Signature: _____

Date: _____



Town of Thompson Youth Programs are funded in part by a grant from by the County of Sullivan and the New York State Office of Children and Family Services through the Sullivan County Youth Bureau.

To be notified for future Thompson Youth Program events, please fill out this form and then email it to Jamie Ferriero at Town of Thompson Parks & Recreation Department at jferriero@townofthompson.com
 You may also mail in this registration form to Jamie Ferriero at Town of Thompson Parks & Recreation Department | 4052 NY 42, Monticello NY 12701