



Panola College Child Care Services Application for Continuing Assistance THR-6

Date: Semester Applying For:

Name (Last, First, MI):

Mailing Address (Street, City, State, Zip):

Phone Number (Cell): Phone Number (Work):

Relative Phone: Friend Phone: SSN:

Male Female Marital Status: Single Married Separated Divorced

Check the program you are enrolled in:

- | | | |
|--|--|--|
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Health Information Technology | <input type="checkbox"/> Occupational Therapy Assistant |
| <input type="checkbox"/> Industrial Technology | <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Welding |
| <input type="checkbox"/> General Business | <input type="checkbox"/> Office Technology | <input type="checkbox"/> Computer Information Technology |

I wish to remain in the Child Care Services Program.

I do not wish to remain in the Child Care Services Program.

How will you be paying for your college tuition?

A copy of your class schedule is required for each application.

I understand all previous agreements are still in effect.

Student Signature

Stacy Gee, Child Care Services Coordinator