



Explorers Learning Center
 947 W. Broadway Ave - Muskegon
 231-747-7175

GSRP Application			
Child's Legal Name (First, Middle, Last)	Preferred Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____
Address:	City, State, Zip:		County:
School District: <input type="checkbox"/> Mona Shores <input type="checkbox"/> Fruitport <input type="checkbox"/> Muskegon <input type="checkbox"/> Other	Child lives with: <div style="text-align: center;"> Mother Father Both Parents Joint Custody Foster Care Legal Guardian Grandparent Other: _____ </div>		
Race (Check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Unspecified (other) <input type="checkbox"/> Hawaiian/ Pacific Islander	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic/ Latino	Language Spoken at home: Primary: _____ Secondary: _____	

Parent/ Legal Guardian	
Full Name:	D.O.B ____/____/____
Work Phone	Cell Phone
Email Address:	
Parent/Guardian Relationship to Child	<input type="checkbox"/> Natural/Adoptive <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Other Caregiver
Parent/ Guardian Language:	Primary: _____ Secondary: _____

Parent/ Legal Guardian	
Full Name:	D.O.B ____/____/____
Work Phone	Cell Phone
Email Address:	
Parent/Guardian Relationship to Child	<input type="checkbox"/> Natural/Adoptive <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Other Caregiver
Parent/ Guardian Language:	Primary: _____ Secondary: _____

List other children and family members supported by income

Last Name:	First Name:	Date of Birth:	Gender:	Relationship:

Signature of Parent/Legal Guardian: _____ Date of Application: _____