Dear Families,

The following items are **required** in order for your child to participate in the Georgia state funded Pre-K program. All forms must be filled out completely. Please be sure to bring these items at time of registration. (*Due by first day of school.)

- Proof of Residency
- Social Security Card
- Form 3300 (Filled out by your child's Physician) *
- Birth Certificate
- Registration Form
- Pre-K Roster*



Please write the school year in the box

Pre-K Registration Form ৯১।৭ ৯১।র School Year

PROVIDER LEGAL NAME:	(This section to be completed by the provider)			
SCHOOL/SITE NAME:				
CHILD INFORMATION (Please print name exactly CHILD'S LAST NAME:	as it appears on the birth certificate.)			
CHILD'S FIRST NAME:				
CHILD'S MIDDLE NAME:	NAME SUFFIX: (i.e. Jr, Sr, II,III)			
CHILD'S SOCIAL SECURITY#: D.O.	B. (MM/DD/BY): SEX: []M []F			
HOME ADDRESS (Do not enter PO Box Info):	COUNTY:			
	ZIP: HOME PHONE: ()			
If the Student is transferring from another Pre-K, please provide Previous School Name: La	de the following: ast Date in Attendance:			
PARENT/GUARDIAN INFORMATION Parent/Guardian #1 - LAST NAME: FIRST:	MIDDLE INITIAL:			
Home Address (If different from child):				
City: State:	Zip:			
Home Phone: ()	Cell Phone: ()			
Email Address:	W 1 51			
Place of Employment:	Work Phone: ()			
Address: City: State:	Zip:			
City: State:	Zip.			
Parent/Guardian #2 - LAST NAME: FIRST:	MIDDLE INITIAL:			
Home Address (If different from child):				
City: State:	"Zip:			
Home Phone: ()	Cell Phone: ()			
Email Address:				
Place of Employment:	Work Phone: ()			
Address:				
City: State:	Zip:			
	event that either parent/guardian cannot be contacted)			
	TE PHONE <u>EMAIL</u>			
1.				
2.				
I verify the above information to be correct, and I understand that completion of this form does not guarantee placement in a Pre-K class. If my child is placed in Georgia's Pre-K Program, I agree that my child will attend the program for the required number of hours and days as prescribed by the Georgia Department of Early Care and Learning and outlined by the center where my child is enrolled. I understand that failure to comply with these attendance requirements could result in disenrollment. I understand that I cannot register my child without appropriate age documentation. I have attached a copy of appropriate age documentation to this registration form.				
Signature Parent/Guardian:	DATE:			

CHILD MAINTENANCE					
CHILD'S LIVING ARRANGEMENTS:	[]BOTH PARENTS	[]MOTHER	[]FATHER	[]OTHE	R
CHILD'S LEGAL GUARDIAN:	[]BOTH PARENTS	[]MOTHER	[]FATHER	OTHE	R
THE CHILD MAY BE RELEASED TO NAME ADDRESS			AGREEMENT O		HE FOLLOWING:
1.					
2.					
3.					
4.					
CHILD'S PHYSICIAN OR CLINIC' DATE OF LAST FULL HEALTH SCREE		RIMARY HEA		ONE: (<u>.</u>
MY CHILD HAS THE FOLLOWING					
THE FOLLOWING SPECIAL ACCO NEEDS WHILE AT THIS CENTER:	MMODATION(S) MA	Y BE REQUIR	ED TO MOST E	FFECTIV	'ELY MEET MY CHILD'S
MY CHILD IS CURRENTLY ON ME THE FOLLOWING PRE-EXISTING	DICATION(S) PRESO	CRIBED FOR SS, OR HEALT	LONG-TERM CO H CONCERNS:	ONTINU	OUS USE AND/OR HAS
				-10018	

GENERAL RELEASE

I verify the above information to be correct and true. I hereby grant permission for the information
provided in the preceding Registration Form to be distributed to Pre-K providers, the Department of Early
Care and Learning (DECAL), and certain agencies or those entities contracted by Pre-K providers or DECAL
which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities.
SIGNATURE (Parent/Guardian):
DATE:
PHOTOGRAPH/VIDEOTAPE RELEASE
I hereby grant permission for the Pre-K provider specified below, the Georgia Department of Early
Care and Learning (DECAL) and certain agencies or entities contracted by the Pre-K provider or
DECAL which shall include, but not be limited to, the Georgia Department of Education, and
colleges/universities, to record the participation and appearance of my child,
, by photograph and/or videotape in connection with daily Pre-K
activities for the purposes of news releases, reporting, and assessing the progress of children and
the program. DECAL and its contractors are authorized to exhibit or distribute such photograph(s)
and/or videotape in whole or in part without restrictions or limitations for any educational or
promotional purpose that DECAL deems appropriate. Such photograph(s) and/or videotape may, for
example, appear in printed or visual materials for DECAL and/or on DECAL's web site.
The undersigned hereby jointly and severally releases, acquits, forgives, and discharges the Pre-K
provider, DECAL, and other entities contracted by the Pre-K provider or DECAL, from any actions,
agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether
arising in equity or in law regarding such participation and appearance by said child.
This release shall remain binding upon all successors in interest and personal representatives of the
parties, to the extent permitted by law.
PRE-K PROVIDER NAME/ADDRESS:
SIGNATURE (Parent/Guardian):
DATE: —————