

Please write
the school
year in the
box →

Pre-K Registration Form

School Year

PROVIDER/SCHOOL

LOCATION NAME (Site):

CHILD

LAST NAME: FIRST: MIDDLE INITIAL:

SOCIAL SECURITY#: D.O.B. (MM/DD/BY): SEX: []M []F

HOME ADDRESS: COUNTY:

CITY: STATE: GA ZIP: HOME PHONE: ()

PARENT/GUARDIAN

MOTHER'S LAST NAME: FIRST: MIDDLE INITIAL:

(If different from child) HOME ADDRESS:

CITY: STATE: ZIP:

HOME PHONE: () DAY TIME PHONE: ()

Place of Employment:

Address:

City: State: Zip:

FATHER'S LAST NAME: FIRST: MIDDLE INITIAL:

(If different from child) HOME ADDRESS:

CITY: STATE: ZIP:

HOME PHONE: () DAY TIME PHONE: ()

Place of Employment:

Address:

City: State: Zip:

EMERGENCY CONTACT

Person to contact in the event that either parent/guardian cannot be contacted

NAME: DAY TIME PHONE: ()

DAY TIME ADDRESS:

CITY: STATE: ZIP:

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 the Georgia Prekindergarten Program, I agree that my child will attend the program for 6.5 hours each day, 5 days a week for the 180-day school year. 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 [] OTHER
CHILD'S LEGAL GUARDIAN:	[] BOTH PARENTS [] MOTHER [] FATHER [] OTHER
THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:	
<u>NAME</u>	<u>ADDRESS</u>
CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE):	
	PHONE: ()
MY CHILD HAS THE FOLLOWING SPECIAL NEED(S):	
THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER:	
MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG-TERM CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS, OR HEALTH CONCERNS:	

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 and certain agencies or those entities contracted by Pre-K providers which shall include, but not be limited to, the Department of Early Care and Learning (DECAL), the Department of Education, and colleges/universities.

SIGNATURE (Parent/Guardian): _____

DATE: _____

PHOTOGRAPH/VIDEOTAPE RELEASE

I hereby grant permission for the Pre-K provider listed on the preceding Registration Form, and certain agencies or entities contracted by the Pre-K provider which shall include, but not be limited to, the Department of Early Care and Learning (DECAL), the Department of Education, and colleges/universities, to record the participation and appearance of my child previously named on the preceding Registration Form, 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 is 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 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, 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.

SIGNATURE (Parent/Guardian): _____

DATE: _____

Parental Agreements with Child Care Facility

The _____
(Name of Facility)
agrees to provide day care for _____
(Name of Child)
on _____, beginning at _____ AM
(Days of Week)
and ending at _____ PM from _____ to _____.
(Month) (Month)

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast	Morning Snack	Lunch	Afternoon Snack
Evening Snack	Dinner	Bedtime Snack	
.....			

Before any medication is dispensed to my child, I will provide a written authorization, which includes: Date, Name of Child, Name of Medication, Prescription Number (if any), Dosages, and Date and Time of Day to be given to child. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person(s) authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

_____ agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I'm not available.

I have received a copy and agree to abide by the policies and procedures for the above-named facility.

SIGNED: _____
Parent/Guardian Date

SIGNED: _____
Facility Administrator / Authorized Person Date