

Pre-K Registration
Enrollment Checklist

Date: _____

Child's Name: _____

Date of Birth: _____

School Year: _____

____ Birth Certificate

____ Social Security Card

____ Proof of Residency (Lease Agreement, Utility/Mortgage

____ Form 3300

____ Form 3231

Does your child have special needs? ____ Yes ____ No

Does your child receive any of the following services?

____ Childcare and Parent Services (CAPS) (childcare subsidy program)

____ Food stamps

____ SSI

____ Medicaid

____ Temporary Assistance for Needy Families (TANF)

Will the Pre-K center be providing transportation for your child?

____ Yes ____ No

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:

NAME	ADDRESS	RELATIONSHIP	CELL PHONE
1.			
2.			
3.			
4.			

CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE): _____

DATE OF LAST FULL HEALTH SCREENING: _____ 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, 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: _____



Georgia's Pre-K Program Parent Acknowledgement Form

FOR A FIVE-YEAR-OLD CHILD TO ATTEND GEORGIA'S PRE-K PROGRAM

Today's Date _____

I state that _____,
Child's Full Name Date of Birth

DID NOT ATTEND Georgia's Pre-K Program during the previous school year, or was not enrolled in Georgia's Pre-K Program for more than 30 calendar days.

I understand that if it is discovered that the child listed above did attend Georgia's Pre-K Program and payment was made to a provider by the Georgia Department of Early Care and Learning for him/her, I will be responsible for reimbursing the provider listed below for any funds deducted.

Signature of Parent/Guardian

Name of School _____

Address _____
