



Please write the school year in the box →

Pre-K Registration Form 2017-2018 School Year

PROVIDER LEGAL NAME: (This section to be completed by the provider) SCHOOL/SITE NAME:

CHILD INFORMATION (Please print name exactly as it appears on the birth certificate.)

CHILD'S LAST NAME: CHILD'S FIRST NAME: CHILD'S MIDDLE NAME: NAME SUFFIX: CHILD'S SOCIAL SECURITY#: D.O.B. (MM/DD/BY): SEX: HOME ADDRESS: CITY: STATE: ZIP: HOME PHONE:

If the Student is transferring from another Pre-K, please provide the following: Previous School Name: Last Date in Attendance:

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 - LAST NAME: FIRST: MIDDLE INITIAL: Home Address: City: State: Zip: Home Phone: Cell Phone: Email Address: Place of Employment: Work Phone: Address: City: State: Zip:

Parent/Guardian #2 - LAST NAME: FIRST: MIDDLE INITIAL: Home Address: City: State: Zip: Home Phone: Cell Phone: Email Address: Place of Employment: Work Phone: Address: City: State: Zip:

EMERGENCY CONTACT INFORMATION (Persons to contact in the event that either parent/guardian cannot be contacted)

Table with columns: NAME, RELATIONSHIP, CELL PHONE, ALTERNATE PHONE, EMAIL. Rows 1 and 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.

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:**

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:** \_\_\_\_\_

## 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