

Pre-K Registration Checklist

Child's Name: _____

The following documents are needed:

- _____ 1. Copy of Certified Birth Certificate
(This can be obtained from the Health Department. Your child's acceptance will not be guaranteed until this is received).
- _____ 2. Copy of Social Security Card
- _____ 3. Proof of Residency
- _____ 4. Immunization Certificate, DHR Form #3231
- _____ 5. Ear, Eye, and Dental Exam Certificate, DHR Form #3300

If you receive or participate in any of the following programs please supply documentation:
(Note: registrar will need to see the information and make copies)

- _____ Medicaid
- _____ Peach Care for Kids
- _____ Food Stamps (EBT)
- _____ Temporary Assistance to Needy Families (TANF)
- _____ Supplemental Security Income (SSI)
- _____ Child and Parent Services (CAPS)
- _____ Education Program Application (for verification purposes you may be asked to show us your check stub)



Please write the school year in the box →

Pre-K Registration Form

2016-2017 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:	(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:	
CITY:	STATE: GA	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 (If different from child):		
City:	State:	Zip:
Home Phone: ()	Cell Phone: ()	
Email Address:		Work Phone: ()
Place of Employment:		
Parent/Guardian #2 - LAST NAME:	FIRST:	MIDDLE INITIAL:
Home Address (If different from child):		
City:	State:	Zip:
Home Phone: ()	Cell Phone: ()	
Email Address:		Work Phone: ()
Place of Employment:		

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

NAME	RELATIONSHIP	CELL PHONE	ALTERNATE PHONE	EMAIL
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 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>	<u>RELATIONSHIP</u>	<u>CELL PHONE</u>
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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: _____

Roster Information Form

This form is to be completed after school starts, not at the time of registration. Please clearly print the name as it appears on the birth certificate. *(Por favor escriba el nombre como aparece en el certificado de nacimiento.)*

Legal Last Name <i>(Apellido)</i>																			
Legal First Name <i>(Primer Nombre)</i>																			
Legal Middle Name <i>(Segundo Nombre)</i>										Name Suffix <i>(Sufijo)</i> (Jr, II, III)									
Child's Social Security #							DOB <i>(Fecha de Nacimiento)</i> (M/D/Y)							Gender <i>(Sexo)</i>					
____ - - ____ - - ____							____ / ____ / ____							<input type="checkbox"/> M <input type="checkbox"/> F					
Date enrolled in Pre-K (M/D/Y)										If different from birth certificate, name student is called									
____ / ____ / ____																			

1. **EVERYONE** must answer the following question. *(**TODOS** deben contestar la pregunta.)*

Is your child's ethnicity **Hispanic/Latino/Spanish Origin**, regardless of race? *(¿Es Ud. Hispano/Latino o de Origen Hispano, sin importar la raza?)*

Yes *(Si)* No *(No)*

2. **EVERYONE** must select **ONE OR MORE** of the following races regardless of how you answered question one. *(**TODOS** deben seleccionar **UNA O MAS** de las siguientes razas sin importar cómo haya contestado la primera pregunta.)*

Is your child:

a. **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. *(Blanco – Una persona que tiene orígenes en los pueblos provenientes de Europa, el Medio Oriente, o Africa del Norte.)*

b. **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. *(Asiática – Una persona con orígenes en los pueblos provenientes del Lejano Oriente, Suroeste de Asia, o el subcontinente Hindú incluyendo, a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, Las Filipinas, Tailandia, y Vietnam.)*

c. **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. *(Nativo de Hawaii u Otra Isla del Pacífico – Una persona con orígenes en los pueblos provenientes de Hawaii, Guam, Samoa, u otra Isla del Pacifico.)*

d. **Black or African American** – A person having origins in any of the Black racial groups of Africa. *(Negro o Afro Americano – Una persona con orígenes en los pueblos provenientes de Africa o en grupo racial Negro.)*

e. **American Indian or Alaskan Native** – A person having origins in any of the original peoples of North and South America including Central America, who maintains a tribal affiliation or community attachment. *(Indio Americano o Nativo de Alaska – Una persona con orígenes en los pueblos provenientes de América Del Norte y del Sur, incluyendo América Central, que mantiene una afiliación tribal o comunitaria.)*

3. What is your child's primary language? *(¿Cuál es el idioma primario de su hijo(a)?)*

- English *(Inglés)*
- A language other than English *(Un idioma diferente al Inglés)*

4. Was your child born as a: *(El parto en que Ud. tuvo a su hijo(a) fue de:)*

- Single Birth (1) *(Un sólo niño)*
- Twin (2) *(De mellizos)*
- Triplet (3) *(De trillizos)*
- Quadruplet (4) *(De cuatrillizos)*
- Quintuplet (5) *(De quintuples)*

5. Does your child have an Individualized Education Plan (IEP)? *(¿Tiene su hijo(a) un Plan de Educación Individualizada (IEP)?)*

Yes *(Si)* No *(No)*

6. Does your child receive any of the following services? *(¿Recibe su hijo(a) alguno de estos servicios?)*

- Childcare and Parent Services (CAPS) (child care subsidy program)
- Food Stamps *(Cupones de Alimentos)*
- SSI
- Medicaid
- Temporary Assistance for Needy Families (TANF)

7. Will the Pre-K center be providing transportation for your child? *(¿Recibirá su hijo(a) transporte en el Centro donde va a asistir a Pre-K?)*

Yes *(Si)* No *(No)*

Pre-K Parental Agreement

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 _____

Student Release Form

2016-2017



Student's Name: _____
Teacher's Name: _____ Grade: _____

Field Trips:

I give my child permission to go on field trips during the 2016-2017 school year.

Parent's Signature: _____

Website:

During the year events will take place where staff will be taking pictures. These pictures are sometimes posted on the school website. Please check if you give permission for your child to appear on the school website.

Yes, I give permission for my child to appear on the school website.

No, I do not give permission for my child to appear on the school website.

Parent's Signature: _____

Internet Use:

Your child will be using the computers and tablets while at school. Please sign below if you give permission for your child to use the internet with teacher supervision.

Parent's Signature: _____

Meriwether County School District

HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: Male Female
 Parent/Guardian Name: _____
 Address: _____
 Home Telephone: _____ Work Telephone: _____
 School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No
 If yes, in which state? _____
 If no, in what other country? _____

 2. Has your child attended any school in the United States for any three years during their lifetime? Yes No
 If yes, please provide school name(s), state, and dates attended:
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____

 3. What language is spoken by you and your family most of the time at home? _____

 4. If available, in what language would you prefer to receive communication from the school? _____

 5. Please check if your child is:
 A. Native American Indian C. Native Pacific Islander
 B. Alaska Native D. Native U.S. Virgin Islander

 6. Is your child's first-learned or home language anything other than English? Yes No
- If you responded "Yes" to question number 6 above, please answer the following questions:
7. What language did your child learn when he/she first began to talk? _____
 8. What language does your child most frequently speak at home? _____
 9. What language do you most frequently speak to your child? (Father) _____
 (Mother) _____
 10. Please describe the language understood by your child. (Check only one)
 A. Understands only the home language and no English.
 B. Understands mostly the home language and some English.
 C. Understands the home language and English equally.
 D. Understands mostly English and some of the home language.
 E. Understands only English.

 Parent or Guardian's Signature

 Date

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	



School System: _____

Parent Occupational Survey

Please complete this form to determine if your children qualify to receive additional services under Title I, Part C

Has your family moved in order to work in another city, county, or state, in the last three (3) years? Yes No

If so, what is the date your family arrived in the city/town you reside? _____

Has anyone in your immediate family been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? (Check all that apply)

- 1) Agriculture; planting/picking vegetables or fruits such as tomatoes, squash, grapes, onions, strawberries, blueberries, etc
- 2) Planting, growing, or cutting trees (pulpwood)/raking pine straw
- 3) Processing/packing agricultural products
- 4) Dairy/Poultry/Livestock
- 5) Meatpacking/Meat processing/Scafood
- 6) Fishing or fish farms
- 7) Other (Please specify occupation): _____

Name of Students	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names of Parent(s) or Legal Guardian(s) _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Thank You!
Please return this form to the school

The answers to this survey will help determine if your children are eligible to receive supplemental services from the Title I, Part C Program.

Note for the school/district: when both "yes" and one or more of the boxes from 1 to 7 is/are checked, please give this form to the migrant liaison or migrant contact for your school/district. Please file original in student's records. Non-funded (consortium) systems should fax occupational parent surveys to Migrant Education Agency (MEA) serving your district
For additional questions regarding this form, please call the MEA serving your district:
Region 1 - Live Oak MEA (Brooklet) 1- 800-621-5217; Fax (912) 842-5440
Region 2 - Southern Pine MEA (Lenox and Bainbridge) 1-866-505-3182; Fax (229) 546-3251
Region 3 - Piedmont MEA (Clarksville) 1-800-648-0892; Fax (706) 754-3594



Sistema Escolar: _____

Encuesta Ocupacional para Padres
Por favor llene este formulario para determinar si sus hijos califican para recibir servicios a través del Programa de Título I, Parte C

¿Ustedes se han movido para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años? Sí No

Si su respuesta es "Sí", ¿en qué fecha llegaron a la ciudad/pueblo donde viven actualmente? _____

¿Alguien de su familia trabaja, ha trabajado, o tiene la intención de trabajar, en una de las siguientes actividades en forma permanente o temporal o ha hecho este tipo de trabajo en los últimos tres años? (Marque todos los que apliquen)

- 1) Agricultura; plantando/cosechando vegetales o frutas como tomates, calabazas, uvas, cebollas, fresas, arándanos, etc.
- 2) Plantando o cortando árboles/juntando agujas de pino (*pine straw*)
- 3) Procesando /empacando productos agrícolas
- 4) Lechería o ganadería
- 5) Empacadoras o procesadoras de carne/pollo o mariscos
- 6) Pescando o criando pescado
- 7) Otra actividad. Por Favor especifique en cuál: _____

Nombre de los Estudiantes	Nombre de la Escuela	Grado
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Nombre de los padres o guardianes legales: _____

Dirección donde vive: _____

Ciudad: _____ Estado: _____ Código Postal: _____ Teléfono: _____

¡Muchas Gracias!
Por favor regrese este formulario a la escuela

Las respuestas a este formulario van a ayudar a determinar si sus hijos califican para recibir servicios a través del programa de Título I, Parte C.

Note for the school/district: when both (Yes) "Si" and one or more of the boxes from 1 to 7 is/are checked, please give this form to the migrant liaison or migrant contact for your school/district. Please file original in student's records. Non-funded (consortium) systems should fax occupational parent surveys to Migrant Education Agency (MEA) serving your district

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