

Please write the school year in the box

Pre-K Registration Form School Year

PROVIDER LEGAL NAME:			(this section to be entered by the provider)
SCHOOL/SITE NAME:			,
SCHOOL/SITE NAME.			
CHILD INFORMATION	(Please print name	e exactly	as it appears on the birth certificate.)
CHILD'S LAST NAME:	 	 	
CHILD'S FIRST NAME:		1 1 1 1	
CHILD'S MIDDLE NAME:		1 1 1 1	NAME SUFFIX: (i.e. Jr, Sr, II,III)
CHILD'S SOCIAL SECURITY#:		D.O.B. (MI	M/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 Previous School Name:	·	-	de the following: ast Date in Attendance:
PARENT/GUARDIAN INFORMA	ATION		
MOTHER'S LAST NAME:	FIRST:		MIDDLE INITIAL:
HOME ADDRESS (If different from ch	nild):		
CITY:	STATE:	ZIP:	
HOME PHONE: ()	AY TIME PHONE: ()	EM	AIL:
PLACE OF EMPLOYMENT:			
ADDRESS:			
CITY:	STATE:	ZIP:	
FATHER'S LAST NAME:	FIRST:		MIDDLE INITIAL:
HOME ADDRESS (If different from ch	nild):		
CITY:	STATE:	ZIP:	
HOME PHONE: ()	DAY TIME PHONE: ()		EMAIL:
PLACE OF EMPLOYMENT:			
ADDRESS:	CTATE:	710.	
CITY:	STATE:	ZIP:	
EMERGENCY CONTACT INFORMA	TION (Person to contact in		nat either parent/guardian cannot be contacted)
NAME:		DAY TIM	E PHONE: ()
DAY TIME ADDRESS: CITY:	STATE:	ZIP:	
I verify the above information to be corre my child is placed in Georgia's Pre-K Prog prescribed by the Georgia Department of failure to comply with these attendance re appropriate age documentation. I have at	ect, and I understand that completic ram, I agree that my child will atte Early Care and Learning and outlined equirements could result in disenrolln	on of this for nd the progro d by the cent nent. I under	-
SIGNATURE (Parent/Guardian): _	 		DATE:

CHILD MAINTENANCE			
CHILD'S LIVING ARRANGEMENTS:	[]BOTH PARENTS	[]MOTHER []F	FATHER []OTHER
CHILD'S LEGAL GUARDIAN:	[]BOTH PARENTS	[]MOTHER []F	FATHER []OTHER
THE CHILD MAY BE RELEASED TO THE PE	· •	AGREEMENT OR TO T	
<u>NAME</u>	<u>ADDRESS</u>		<u>RELATIONSHIP</u>
CHILD'S PHYSICIAN OR CLINIC'S N			
DATE OF LAST FULL HEALTH SCREENIN	1G:	PHONE: ()
MY CHILD HAS THE FOLLOWING SP	ECIAL NEED(S):		
THE FOLLOWING SPECIAL ACCOMM		REQUIRED TO MO	OST EFFECTIVELY
MEET MY CHILD'S NEEDS WHILE AT	THIS CENTER:		
MY CHILD IS CURRENTLY ON MEDI			
AND/OR HAS THE FOLLOWING PRE	-EXISTING ALLERGIE	S, ILLNESS, OR H	EALTH 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) $\frac{1}{2}$
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: