



# Pre-k Registration Form

## School Year:

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

<b>CHILD INFORMATION (Please print name exactly as it appears on the birth certificate.)</b>
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: \_\_\_\_\_

<b>PARENT/GUARDIAN INFORMATION</b>
Parent/Guardian #1 - LAST NAME: FIRST: MIDDLE INITIAL:
Home Address (If different from child):
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 (If different from child):
City: State: Zip:
Home Phone: ( ) Cell Phone: ( )
Email Address:
Place of Employment: Work Phone: ( )
Address:
City: State: Zip:
<b>EMERGENCY CONTACT INFORMATION (Persons to contact in the event that either parent/guardian cannot be contacted)</b>
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: \_\_\_\_\_**

<b>CHILD MAINTENANCE</b>
CHILD'S LIVING ARRANGEMENTS: [ ] BOTH PARENTS [ ] MOTHER [ ] FATHER [ ] OTHER
CHILD'S LEGAL GUARDIAN: [ ] BOTH PARENTS [ ] MOTHER [ ] FATHER [ ] OTHER
<b>THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:</b> NAME ADDRESS RELATIONSHIP CELL PHONE

1.
2.
3.
4.
<b>CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE):</b> _____ <b>DATE</b> _____ <b>OF</b> _____ <b>LAST</b> _____ <b>FULL</b> _____ <b>HEALTH</b> <b>SCREENING:</b> _____ <b>PHONE:</b> ( ) _____
<b>MY CHILD HAS THE FOLLOWING SPECIAL NEED(S):</b>
<b>THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER:</b>
<b>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:</b>

**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:



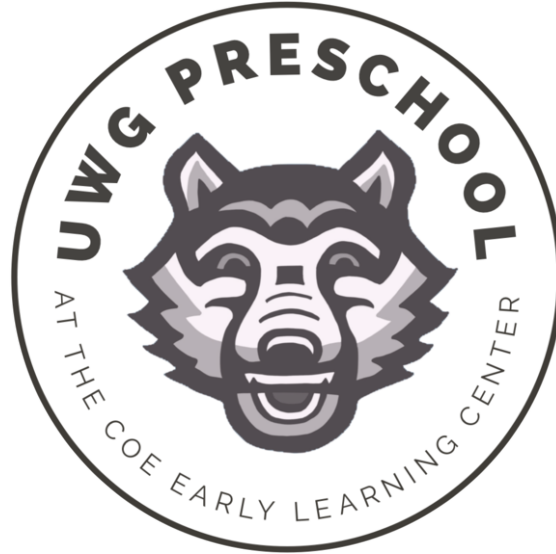
Thank you for your interest in the UWG Pre-K program. The PreK program here at the UWG Early Learning Center is a Georgia lottery funded program through Bright From the Start. An application along with requested documentation are required in order to be eligible for the program. All community and UWG faculty and staff can apply. We have two PreK classrooms here at the Early Learning Center.. There are 44 spaces available A drawing will be held to fill the spaces available. Selected applicants will be notified after the drawing. Dates for accepting applications and the date of the drawing are posted on our website.

Below is a link and QR code to our PreK handbook. It will give some insight into the curriculum and expectations of our PreK program.

To view the handbook use the camera on your phone to access the QR code below or use the web link provided to view from your computer.

[www.westga.edu/academic/education/early-learning-center/uwgprek/](http://www.westga.edu/academic/education/early-learning-center/uwgprek/)





## Documents Needed for Registration:

Student Name: \_\_\_\_\_

- \_\_\_\_ Registration Packet
- \_\_\_\_ Copy of Immunization (form 3231)
- \_\_\_\_ Copy of Vision, Hearing, Dental, and Nutrition  
(form 3300)
- \_\_\_\_ Copy of your child's
  - Social security card
  - birth certificate
  - Proof of residence