

Please write the school year in the box

Pre-K Registration Form 2025-2026 **School Year**

PROVIDER	LEGAL NAME:				(This section to	be completed by the provider)	
SCHOOL/S	ITE NAME:						
CHILD INFO	ORMATION	(Please pri	nt name exac	tly as it appea	ars on the bir	rth certificate.)	
CHILD'S LAS			1 1 1 1 1				
CHILD'S FIR		11111	<u> </u>	<u> </u>	<u> </u>		
CHILD'S MIDDLE NAME: NAME SUFFIX: (i.e. Jr, Sr, II,III)					i.e. Jr, Sr, II,III)		
CHILD'S SOCIAL SECURITY#: D.O.B. (MM/DD/BY): SEX: []M []F							
HOME ADDR	ESS (Do not enter PO Box	x Info):			COUNTY		
CITY:	·		TATE: GA	ZIP:	HOME P	HONE: ()	
If the Student is transferring from another Pre-K, please provide the following: Previous School Name: Last Date in Attendance:							
PARENT/G	JARDIAN INFORMATI	ON					
Parent/Guard	dian #1 - LAST NAME:		FIR	ST:		MIDDLE INITIAL:	
Home Addre	ss (If different from chil	<i>'d</i>):					
City:		S	tate:	Zip	1		
Home Phone	:()			Cell Phone	: ()		
Email Addres	ss:						
Place of Emp	loyment:			Work Phon	ne: ()		
Address:							
City:		Sta	te:	Zip:			
Parent/Guard	dian #2 - LAST NAME:		FIR	ST:		MIDDLE INITIAL:	
Home Addre	ss (If different from chil	<i>'d</i>):					
City:		S	tate:	Zip:			
Home Phone	:()			Cell Phone	: ()		
Email Addres	SS:						
Place of Emp	loyment:			Work Ph	none: ()		
Address:							
City:		State:		Zip:			
	Y CONTACT INFORMA					guardian cannot be contacted)	
<u>NAME</u>	<u>RELATIONSHIP</u>	CELL PHONE	<u>ALTER</u>	NATE PHONE	<u>EMAIL</u>		
1. 2.							
my child is pla prescribed by failure to comp	ced in Georgia's Pre-K Prog	ram, I agree that r Early Care and Lea equirements could re	my child will atte rning and outline esult in disenrollr	nd the program for d by the center w nent. I understan	or the required where my child is d that I cannot	•	
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:



Georgia's Pre-K Program 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.

ODAY'S DATE (M/D/Y):/								
HILD INFORMATION:								
egal First Name:	Name Suffix (Jr,II,III):							
egal Middle Name:	Name Child is Called:							
egal Last Name:								
Child's Social Security # DOB (M/D/\)	Y): Gender: M							
Choose Not to Provide SSN Date enrolled in Pre-K (M/D/Y):/								
PARENT/GUARDIAN INFORMATION:								
ast Name: First	t Name:							
delationship: Mother 🗌 Father 🗌 Grandparent	t 🗌 Guardian 🗌 Other 🗌							
mail Address: Zip Code:								
1. Identify your child's ethnicity, regardless of race, by selecting one of the below options. Hispanic/Latino	4. Was your child born as a: Single Birth (1) Twin (2) Triplet (3) Quadruplet (4) Quintuplet (5) 5. Does your child receive Special Education Services? Yes No 5.a. If Yes, indicate which of the following Special Education Services your child receives. Individual Education Program (IEP) (Part B, Section 619, IDEA) 504 Plan/Individual Accommodation Plan (IAP) (Section 504 of the Rehabilitation Act of 1973) 6. Does your child receive any of the following services? Childcare and Parent Services (CAPS) Child and Adult Care Food Program (CACFP) Supplemental Security Income (SSI) Supplemental Nutrition Assistance Program (SNAP) Medicaid Temporary Assistance for Needy Families (TANF) Foster Care 7. Will the Pre-K center be providing transportation for your child?							
Parent/Guardian Signature	Date							