

## 2018-2019 PRE-K Registration Roundup At Union County Primary School



Bright from the Start and Union County Schools meet the child-care and early education needs of Georgia's children and their families by providing a daily quality and fun learning environment. The Union County Pre-K Program is open to any four-year-old child who loves to play and learn! Children who will be **four years old on or before September 1, 2018** are eligible to enroll. Our Pre-K program prepares children for Kindergarten and beyond. The Pre-K classes are located in the primary school and transportation is provided, if needed.

Union County Primary School will take **calls for registration appointments beginning February 7th**. Available Pre-K seats will be filled on a first-come first-served basis.

Face-to-Face registration appointment sessions will take place from **March 5<sup>th</sup> to March 9<sup>th</sup>**. The **appointments** will be scheduled between **9:00 AM and 2:40 PM**.

**Registration can be expedited if parents complete an enrollment packet prior to their appointment.** A copy of the enrollment packet is available on the school system's website at [www.ucschools.org](http://www.ucschools.org), the Primary School front office or the Board of Education office.

**A parent or legal guardian is required to be at the registration appointment and bring the following items:**

- Completed **Enrollment Packet**
- Certified copy of student's **Birth Certificate**
- Student's **Social Security card**
- **Immunization Certificate: *Current*** Georgia Department of Human Resources immunization record ( Form 3231) **Note: Out of State Immunization Records will need to be taken to your GA primary care physician or Union County Health Department to be transferred to a Georgia Immunization Certificate (Form 3231) prior to the registration appointment.**
- **Certificate of Vision, Hearing, Dental, and Nutrition Screening (Form 3300):** This can be obtained from your child's doctor or from the Union County Health Department.
- **Notarized Affidavit of Union County Residency:** Located in the enrollment packet. The form can be notarized at pre-registration, if the form is not signed prior to the appointment.

### **Documentation for Homeless Students**

Homeless students, as defined by the McKinney-Vento Act, shall be enrolled immediately with full participation in school activities, regardless of whether all of the above can be provided at the time of enrollment. The designated employee responsible for care of homeless students shall assist the person enrolling the homeless student or the unaccompanied youth in acquiring the necessary documents for enrollment in accordance with the requirements of the state enrollment rule and the McKinney-Vento Act.

Parents are welcome to contact the Central Registration Office (706-835-4321) for answers to any questions you may have regarding the Pre-K registration.

Sincerely,  
Union County Schools Enrollment Office ([registrar@ucschools.org](mailto:registrar@ucschools.org))

Union County School System, in its enrollment procedures, requirements and process does not and will not discriminate based on race, color, national origin, or immigration status.



## Union County Schools—Student Registration Information

**Emergency Contacts:** The following people may be contacted, if the school system is unable to contact parent/guardian.  
 NOTE: If any of these may need to pick-up your child, they will need to be listed on the section below.  
 "Persons Authorized to Pick-up / Sign-out Student"

Emergency Contact #1: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact #3: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Persons Authorized to Pick-up / Sign-out Student:**  
**(Don't Forget to Include Yourself)**

The following adults may pick-up / sign-out student without the school contacting the parent/guardian for permission.

Name	Relationship to Student
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**To School Transportation:**     Bus     Parent     Rides w/Someone Other Than Parent     Student Drives

If Known:    Bus #: \_\_\_\_\_    Bus Driver: \_\_\_\_\_

**From School Transportation:**     Bus     Parent     Rides w/Someone Other Than Parent     Student Drives

If Known:    Bus #: \_\_\_\_\_    Bus Driver: \_\_\_\_\_

**Early/Emergency Dismissal Plan:**

(How will the student go home in the case of an early school closing?)

**Check & Complete Only One Option.**

Ride Regular Bus    Bus # / Driver \_\_\_\_\_

To: \_\_\_\_\_    Address: \_\_\_\_\_

Ride Different Bus    Bus # / Driver \_\_\_\_\_

To: \_\_\_\_\_    Address: \_\_\_\_\_

Parent Will Pick-up     Will Be Picked-up By: \_\_\_\_\_

Other: \_\_\_\_\_

# Union County Schools—Student Registration Information

## Medical Information:

Allergies: \_\_\_\_\_

Other Medical Considerations: \_\_\_\_\_

Medical Alerts: \_\_\_\_\_

Current Medications: \_\_\_\_\_

## Pre-K Program Student Attended:

- GA Pre-K       Publicly Sponsored       Head-Start       Other Public School  
 Private-Non-Profit       Private For Private       Did Not Attend a Pre-K

Pre-School Name: \_\_\_\_\_ City, State: \_\_\_\_\_

Has student ever been Home-schooled?       Yes       No

Has student ever attended Union County Schools?       Yes       No      If yes, which grades and years? \_\_\_\_\_

Has student ever repeated a grade?       Yes       No      If yes, which grade(s) and why? \_\_\_\_\_

Is student enrolled in Special Ed. Program?       Yes       No      If yes, which one? \_\_\_\_\_

Has student ever had a psychological evaluation?       Yes       No      If yes, when was it completed? \_\_\_\_\_

## Primary School Students Only:

Please explain any complications during the pregnancy / birth or any delays in the early development. \_\_\_\_\_

Has the student ever had any experience that might have upset him/her emotionally or is there any other milestones regarding the student that you would like to share with us that may help us know and serve him/her more effectively?

Please provide information for the school the student most recently attended, so we may request educational records.

School Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*\*\*\*\* WITHDRAWAL INFORMATION \*\*\*\*\*

**The individual enrolling a student is the only person permitted to withdraw the student.**

## Enrolling Parent

The person who enrolls a student during the school year assumes parental status; this can be mother or father (or both), a legal guardian, or any other person who has assumed the role of parent. Pursuant of GA Law, the enrolling parent(s) is the only individual(s) allowed to add to, delete from, or alter a student's pick-up list.

I verify that all of the above information is correct and accurate. I understand that it shall be my responsibility to notify the school of any changes. Furthermore, I understand my signature below assigns me (and designated other listed below) as the school system's enrolling parent for the above named student.

\_\_\_\_\_  
Enrolling Parent Printed Name

\_\_\_\_\_  
Enrolling Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Optional Additional Enrolling Parent Printed Name

\_\_\_\_\_  
Optional Additional Enrolling Parent Signature

\_\_\_\_\_  
Date

Union County School System

AFFIDAVIT OF RESIDENCY

State of Georgia

County of Union

Personally before the undersigned Notary Public authorized to administer oaths appeared \_\_\_\_\_, who, after being duly sworn, deposes under oath as follows:

1. I am the parent/guardian(parent of record) of \_\_\_\_\_, a minor of school age whose birthday is \_\_\_\_\_ and is presently \_\_\_\_\_ years old. I make this affidavit in support of my child's right to enroll in Union County \_\_\_\_\_ School in the Union County School System.

2. I affirm that my child and I are bona fide residents of the County of Union and that our address is \_\_\_\_\_. In support of our residency at this address, I affirm that the following is true:

(Check the statements that are true)

- a. I have provided this address in registering to vote in County of Union;
b. I have provided this address in acquiring a Georgia drivers license, or my application for a Georgia drivers license is pending;
c. I have receipts for utilities furnished to my home in Union County at the address listed above that I will provide the School District on request;
d. Other evidence of my intent to make this address in Union County my legal residency is as follows:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

If your response to a) through d) above is no, please explain below:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

I understand that the school district will rely upon this affidavit to verify my residency in the County of Union in order to enroll my child in \_\_\_\_\_ School. If at any time I am no longer a resident of the County of Union, I will so advise the principal where my child is enrolled. I understand that any information furnished to the school system that is intentionally false may constitute the offense of false swearing under Georgia law.

\_\_\_\_\_
Date

\_\_\_\_\_
Parent/guardian
(Parent of Record)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_





Georgia Department of Education

Richard Woods, Georgia's School Superintendent
"Educating Georgia's Future"

School District: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Parent Occupational Survey

Please complete this form to determine if your child(ren) 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/Seafood
[ ] 6) Fishing or fish farms
[ ] 7) Other (Please specify occupation): \_\_\_\_\_

Table with 3 columns: Name of Student(s), Name of School, Grade. Includes three rows of blank lines for data entry.

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 child(ren) 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 the regional MEP office serving their district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, P.O. Box 780, 201 West Lee Street Brooklet, GA 30415
Toll Free (800) 621-5217 Fax (912) 842-5440
GaDOE Region 2 MEP, 221 N. Robinson Street, Lenox, GA 31637
Toll Free (866) 505-3182 Fax (229) 546-3251



# Georgia's Pre-K Program 2017-2018 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) (Jr., II, III)</i>
Child's Social Security #	DOB <i>(Fecha de Nacimiento) (M/D/Y)</i> Gender <i>(Sexo)</i>
____ - ____ - ____	____ / ____ / ____ <input type="checkbox"/> M <input type="checkbox"/> F
Date enrolled in Pre-K <i>(M/D/Y)</i>	If different from birth certificate, name student is called
____ / ____ / ____	

1. 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)*     Decline to Answer *(negarse a contestar)*

Please 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.)*

2. 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 Pacífico.)*

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 del 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.)*

f. **Decline to Answer** *(negarse a contestar)*

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)*

Parent/Guardian Signature

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
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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: \_\_\_\_\_

## Parental Agreements with Child Care Facility

The \_\_\_\_\_  
(Name of Facility)  
agrees to provide child 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 Snack	Morning Snack	Lunch	Afternoon
Evening Snack	Dinner	Bedtime Snack	

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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

Dear Parents,

This optional form is being provided for you to complete on your child regarding his/her placement for next year. We must consider various factors in classroom placements including class size, boy/girl ratio and the needs of students, personalities of students and teachers and student separations. Other factors considered for placement include gifted, early intervention program and special education qualifications. Please refrain from asking for a specific teacher due to consideration listed above.

\*\*\*\*\*

Student's name \_\_\_\_\_ Grade **2018-19** \_\_\_\_\_

Please answer the following questions concerning your child's placement:

Are there any students with whom your child should not be placed? (Only 2 can be honored)

1. \_\_\_\_\_ Reason: \_\_\_\_\_

2. \_\_\_\_\_ Reason: \_\_\_\_\_

Is there one teacher with whom your child should not be placed (only 1 can be honored)?

1. \_\_\_\_\_ Reason \_\_\_\_\_

List any other concerns/thoughts regarding your child's placement:

\_\_\_\_\_

Name of parent/guardian completing form (Print): \_\_\_\_\_

Signature of parent/guardian completing form: \_\_\_\_\_

Please return this form to your child's teacher (or turn in at PreK /Kdg. Registration) in a **sealed envelope** addressed to Millie Owenby before **May 25<sup>th</sup>, 2018**. Thank you for your input regarding your child's placement next year.