

## 2019-2020 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, 2019** 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 January 25th**. 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 4<sup>th</sup> to March 6<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** (*Mandatory at time of registration*)
- 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.
- **Proof of Union County Residency (2 documents)**  
Examples include: lease, vehicle registration form, mortgage documents, property tax notice, homeowner's insurance bill, utility bills, etc. A cellphone bill or driver's license are not acceptable.

### **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 Primary School Office (706-835-4321) for answers to any questions you may have regarding the Pre-K registration.

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



**Please Print** \_\_\_\_\_ **Please Print** \_\_\_\_\_ **Please Print** \_\_\_\_\_

Student Legal Name: \_\_\_\_\_  
Last First Middle Preferred

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Best Contact Number City County State Country

Phone Number For Text Messages: \_\_\_\_\_ Alternate Phone Number for Text Messages: \_\_\_\_\_

If student was born in another country, has he/she attended 3 full years of school in the United States?  Yes  No Date Entered U.S. Schools (If born in another country) \_\_\_\_\_

Ethnicity: Is student Hispanic or Latino?  No, not Hispanic or Latino  Yes, Hispanic of Latino  
(Choose only one)  
(A person from Cuba, Mexico, Puerto Rico, South or Central American Countries, or other Spanish Culture or Origin, regardless of Race)

What is student's race? (Choose one or more)

**American Indian or Alaskan Native**  
(A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliations or community attachment)s.

**Native Hawaiian or Other Pacific Islander**  
(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or Other Pacific Islands.)

**Asian**  
(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

**Black or African American**  
(A person having origins in any of the black racial groups of Africa.)

**White**  
(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Home Address: \_\_\_\_\_  
Street City State Zip Code County

Mailing Address: \_\_\_\_\_  
(If different from above) P.O. Box / Street City State Zip Code County

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Day/Work: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Day/Work: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Single Parent Household  Yes  No Lives with:  Both Parents  Grandparents  Mother  Other: Specify \_\_\_\_\_  Father

Guardian's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Day/Work: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Guardian's Relationship to Student: \_\_\_\_\_

Language at Home: \_\_\_\_\_ **SPOKEN** \_\_\_\_\_ **WRITTEN**  
(example: English, Spanish, French)

## 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 Consent for School Health Services

Please read, complete, sign, date & return to the school within 3 days. If you have any questions before signing, please contact the school. This consent form must be completed and signed by the parent or guardian in order for your child to receive services from the nurse. Without your consent, we will not be able to give your child minor or emergency treatments.

|                         |            |                    |       |          |
|-------------------------|------------|--------------------|-------|----------|
| Student's Last Name     | First Name | Birthdate          | Grade | Homeroom |
| Student's Doctor: _____ |            | Phone # _____      |       |          |
| Parent/Guardian: _____  |            | Home Phone # _____ |       |          |
| Address: _____          |            |                    |       |          |
| Work phone: _____       |            | Cell Phone # _____ |       |          |

| PAST MEDICAL HISTORY      | YES/NO | IF YES, EXPLAIN |
|---------------------------|--------|-----------------|
| Allergies (drugs or food) | /      | _____           |
| Current Medications       | /      | _____           |
| Diabetes                  | /      | _____           |
| Seizure Disorder          | /      | _____           |
| Asthma                    | /      | _____           |
| Wears Contact Lens        | /      | _____           |
| Mental Illness            | /      | _____           |
| Previous Surgery          | /      | _____           |
| Previous Hospitalizations | /      | _____           |
| Other Illness             | /      | _____           |

Below is a list of medicines that the nurse might use on or give to your child. Please circle any medicines that you **DO NOT** want your child to receive. If you wish for your child to receive Tylenol, Advil, or any other medicines while at school, you will need to provide the medicine and complete the Authorization of Medication form for that medicine.

|  |   |  |  |
|--|---|--|--|
| <u>Sore Throat:</u><br><u>Eyes:</u><br><u>Mouth:</u><br><u>Mild Stomach</u><br><u>Upset:</u> | Sore Throat Spray<br>Warm Salt Gargle<br>Visine<br>Eye wash<br>Vaseline<br>Anbesol/Orabase<br>Antacid/ Tums | <u>Rash/Insect Bites:</u><br><u>Cuts/Scrapes:</u><br>Head/Body Aches | Hydrocortisone cream<br>Benadryl cream/Spray<br>Caladryl<br>Bactine/Hibiclens<br>Dermoplast/Solarcaine<br>Antibiotic Ointment<br>Tylenol/Ibuprofen |
|--|---|--|--|

Should my child suffer an accident while at school, Union County School System has permission to transport my child to the nearest health care facility in case of my absence.

I give permission for the above named student to receive services from the School Health Clinic. I understand that all services are free and confidential. I have given accurate and complete information to the best of my knowledge.

This consent is in effect for the current school year or until the parent otherwise notifies the school.

|                              |              |      |
|------------------------------|--------------|------|
| Signature of Parent/Guardian | Relationship | Date |
|------------------------------|--------------|------|

**OR**

**No, I do not want the above student to receive services or have access to the School Clinic.**

|                              |              |      |
|------------------------------|--------------|------|
| Signature of Parent/Guardian | Relationship | Date |
|------------------------------|--------------|------|

## Required Home Language Survey

Dear Parent or Guardian:

In order to provide your child with the best possible education, we need to determine how well he or she speaks and understands English. This survey assists school personnel in deciding whether your child may be a candidate for additional English language support. Final qualification for language support is based on the results of an English language assessment.

Thank You

**Student Name (required information):**

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**Language Background (required information):**

1. Which language does your child best understand and speak?  

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2. Which language does your child most frequently speak at home?  

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3. Which language do adults in your home most frequently use when speaking with your child?  

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**Language for School Communication (not required):**

4. In which language would you prefer to receive all school information?  

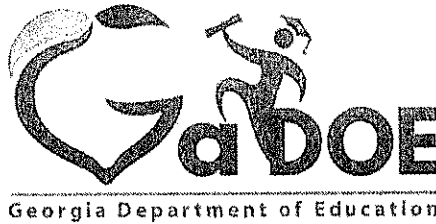
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**Signature of Parent/Guardian/Other**

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**Date**



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

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

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

**Parent Occupational Survey**

**Please complete this form to determine if your child(ren) qualify to receive supplemental services under Title I, Part C**

| Name of Student(s) | Name of School | Grade |
|--------------------|----------------|-------|
| _____              | _____          | _____ |
| _____              | _____          | _____ |
| _____              | _____          | _____ |
| _____              | _____          | _____ |

- Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years?  Yes  No
- Has anyone in your household been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years?  Yes  No

**If you answer "yes", check all that applies:**

- 1) Planting/picking vegetables (such as tomatoes, squash, onions) or fruits (such as grapes, strawberries, blueberries)
- 2) Planting, growing, cutting, processing trees (pulpwood), or 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): \_\_\_\_\_

Names of Parent(s) or Legal Guardian(s) \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Thank You!  
Please return this form to the school

Please maintain original copy in your files.

MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.  
Non-MEP funded (consortium) school/districts: When at least one "yes" and one or more of the boxes from 1 to 7 is/are checked, districts should fax occupational surveys to the Regional Migrant Education Program Office serving your 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

Regional Office use only:

## Georgia's Pre-K Program 2018-2019 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. 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 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.)*

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



Please write the school year in the box →

# Pre-K Registration Form

## 2019-2020 School Year

|                             |   |
|-----------------------------|---|
| <b>PROVIDER LEGAL NAME:</b> | <small>(This section to be completed by the provider)</small> |
| <b>SCHOOL/SITE NAME:</b>    |   |

| <b>CHILD INFORMATION</b>                        |                    | <small>(Please print name exactly as it appears on the birth certificate.)</small> |
|---|--------------------|--|
| CHILD'S LAST NAME:                              |                    |  |
| CHILD'S FIRST NAME:                             |                    |  |
| CHILD'S MIDDLE NAME:                            |                    |  |
| CHILD'S SOCIAL SECURITY#:                       | D.O.B. (MM/DD/BY): | SEX: [ ]M [ ]F   |
| HOME ADDRESS <i>(Do not enter PO Box Info):</i> |                    | COUNTY:  |
| CITY:   | STATE: GA          | ZIP: HOME PHONE: ( )   |

|   |                                |
|---|--------------------------------|
| <b>If the Student is transferring from another Pre-K, please provide the following:</b> |                                |
| Previous School Name: _____   | Last Date in Attendance: _____ |

| <b>PARENT/GUARDIAN INFORMATION</b>             |                 |                 |
|--|-----------------|-----------------|
| Parent/Guardian #1 - LAST NAME:                | FIRST:          | MIDDLE INITIAL: |
| Home Address <i>(If different from child):</i> |                 |                 |
| 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 <i>(If different from child):</i> |                 |                 |
| City:  | State:          | Zip:            |
| Home Phone: ( )                                | Cell Phone: ( ) |                 |
| Email Address:                                 |                 |                 |
| Place of Employment:                           | Work Phone: ( ) |                 |
| Address:                                       |                 |                 |
| City:  | State:          | Zip:            |

| <b>EMERGENCY CONTACT INFORMATION</b> <small>(Persons to contact in the event that either parent/guardian cannot be contacted)</small> |              |            |                 |       |
|---|--------------|------------|-----------------|-------|
| 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:**

| 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: \_\_\_\_\_

## 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 | Morning Snack | Lunch  | Afternoon     |
| Snack     |               |        |               |
|           | Evening Snack | Dinner | Bedtime Snack |
| -----     |               |        |               |

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 **2019-2020** \_\_\_\_\_

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 Pre-K/Kdg. Registration) in a **sealed envelope** addressed to Millie Owenby before **May 24<sup>th</sup>, 2019**.  
Thank you for your input regarding your child's placement next year.