Pre-K Registration Checklist

Child's Name:
The following documents are needed:1. Copy of Certified Birth Certificate (This can be obtained from the Health Department. Your child's acceptance will not be guaranteed until this is received).
2. Copy of Social Security Card
3. Proof of Residency
4. Immunization Certificate, DHR Form #3231
5. Ear, Eye, and Dental Exam Certificate, DHR Form #3300
If you receive or participate in any of the following programs please supply documentation: (Note: registrar will need to see the information and make copies)
Medicaid
Peach Care for Kids
Food Stamps (EBT)
Temporary Assistance to Needy Families (TANF)
Supplemental Security Income (SSI)
Child and Parent Services (CAPS)
Education Program Application (for verification purposes you may be asked to show us your check stub)



Please write the school year in the box

Pre-K Registration Form 2015-2016 School Year

PROVIDER LEGAL NAME: (this section to be entered by the provider) SCHOOL/SITE NAME: CHILD INFORMATION (Please print name exactly as it appears on the birth certificate.) CHILD'S LAST NAME: CHILD'S FIRST NAME: CHILD'S MIDDLE NAME: | | | | | NAME SUFFIX:| (i.e. Jr, Sr, II, III) D.O.B. (MM/DD/BY): SEX: []M []F CHILD'S SOCIAL SECURITY#: COUNTY: HOME ADDRESS (Do not enter PO Box Info): 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: PARENT/GUARDIAN INFORMATION FIRST: MIDDLE INITIAL: MOTHER'S LAST NAME: HOME ADDRESS (If different from child): CITY: STATE: ZIP: HOME PHONE: (DAY TIME PHONE: (EMAIL: PLACE OF EMPLOYMENT: ADDRESS: CITY: STATE: ZIP: FATHER'S LAST NAME: FIRST: MIDDLE INITIAL: HOME ADDRESS (If different from child): STATE: ZIP: CITY: HOME PHONE: (DAY TIME PHONE: (EMAIL: PLACE OF EMPLOYMENT: ADDRESS: CITY: STATE: ZIP: **EMERGENCY CONTACT INFORMATION** (Person to contact in the event that either parent/guardian cannot be contacted) DAY TIME PHONE: (NAME: DAY TIME ADDRESS: CITY: STATE: ZIP: 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): _____

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 INAME	PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING: ADDRESS RELATIONSHIP
CUTI DE DUVETCIAN OD CLINICE	NAME (CUT) DIS DRIVADY USAL TU SOUDSE)
DATE OF LAST FULL HEALTH SCREEN	NAME (CHILD'S PRIMARY HEALTH SOURCE): PHONE: ()
MY CHILD HAS THE FOLLOWING	
,	
	IMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY
MEET MY CHILD'S NEEDS WHILE	AT THIS CENTER:
	DICATION(S) PRESCRIBED FOR LONG-TERM CONTINUOUS USE
AND/OR HAS THE FOLLOWING PR	RE-EXISTING ALLERGIES, ILLNESS, OR HEALTH CONCERNS:
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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:

Roster Information Form

This form is to be completed after school starts, not at the tin appears on the birth certificate. (Por favor escriba el nombre	ne of registration. Please clearly print the name as it como aparece en el certificado de nacimiento.)
Legal Last Name (Apellido)	
Legal First Name (Primer Nombre)	
Legal Middle Name (Segundo Nombre)	Name Suffix (Sufijo) (Jr,II,III)
L I I I I I I I I I I I I I I I I I I I	
	Nacimiente) (M/D/Y) Gender (Sexe)
Child's Social Security # DOB (Fecha de	Nacimiente) (M/D/Y) Gender (Səxo) M F
Date enrolled in Pre-K (M/D/Y) If different fro	m birth certificate, name student is called
EVERYONE must answer the following question. (TODOS deben contestar la pregunta.)	3. What is your child's primary language? (¿Cuál es el idioma primario de su hijo(a)?)
ls your child's ethnicity Hispanic/Latino/Spanish Origin,	English (Inglés)
regardless of race? (¿Es Ud. Hispano/Latino o de Origen Hispano, sin importar la raza?)	A language other than English (Un idioma diferente al
L	Inglés)
Productive State of S	4. Was your child born as a: (El parto en que Ud. tuvo a su hijo(a)
EVERYONE must select ONE OR MORE of the following races regardless of how you answered question one. (TODOS deben)	fue de:)
seleccionar <u>UNA Ó MAS</u> de las sigulentes razas sin importar cómo haya contestado la primera pregunta.)	Single Birth (1) (Un sólo niño)
	Twin (2) (De mellizos)
Is your child:	Triplet (3) (De trillizos)
a. White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. (Blanco –	Quadruplet (4) (De cuatrillizos)
Una persona que tiene origenes en los pueblos provenientes de	Quintuplet (5) (De quintuples)
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	 Does your child have an Individualized Education Plan (IEP)? Tiene su hijo(a) un Plan de Educación Individualizada (IEP?))
including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (Asiática	Yes (Si) No (No)
 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,	6. Does your child receive any of the following services? (¿Recibe
Pakistán, Las Filipinas, Tailandia, y Vietnam.)	su hijo(a) alguno de estos servicios?)
c. Native Hawaiian or Other Pacific Islander – A person	Childcare and Parent Services (CAPS) (child care
having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (Nativo de Hawaii u Otra Isla del	subsidy program)
Pacífico – Una persona con orígenes en los pueblos provenientes de Hawaii, Guam, Samoa, u otra Isla del Pacifico.)	Food Stamps (Cupones de Alimentos)
	SSI
d. Black or African American – A person having origins in any of the Black racial groups of Africa. (Negro o Afro Americano	Medicaid
Una persona con orígenes en los pueblos provenientes del Africa o en grupo racial Negro.)	Temporary Assistance for Needy Families (TANF)
e. American Indian or Alaskan Native – A person having origins in any of the original peoples of North and South America	7. Will the Pre-K center be providing transportation for your child?
including Central America, who maintains a tribal affiliation or community attachment. (Indio Americano o Nativo de Alaska –	(¿Recibirá su hijo(a) transporte en el Centro donde va a asistir a Pre-K?)
Una persona con orígenes en los pueblos provenientes de América Del Norte y del Sur, incluyendo América Central, que	Yes (Si) No (No)
mantiene una afiliación tribal o comunitaria.)	
Parent/Guardian Signature	Date

Student Release Form 2015-2016



Student's Name:
Teacher's Name: Grade:
Field Trips: I give my child permission to go on field trips during the 2015-2016 school year.
Parent's Signature:
Website: During the year events will take place where staff will be taking pictures. These pictures are sometimes posted on the school website. Please check if you give permission for your child to appear on the school website.
Yes, I give permission for my child to appear on the school website.
No, I do not give permission for my child to appear on the school website.
Parent's Signature:
Internet Use: Your child will be going to the computer lab. Please sign below if you give permission to use the internet.
Parent's Signature

Pre-K Parental Agreement

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 medicati	ions, etc., which include my child.
	agrees
	me before my child participates in routine vities away from the facility, and waterat is more than two (2) feet deep.
I authorize the child care facility to ob when I'm not available.	tain emergency medical care for my child
I have received a copy and agree to a bove-named facility.	bide by the policies and procedures for the
SIGNED: Date	(Parent/Guardian)
SIGNED:	(Facility Administrator / Authorized Person)

Meriwether County School District HOME LANGUAGE SURVEY

Stude	nt Name:			Birth I	Date:				_ Sex	:: 🗅 Male	□ Female
Paren	ıt/Guardian N	lame:									
Addre	ess:										
Home	Telephone:			Work	Telephone:						
School	ol:			Grade	e:				_ Da	te:	
1.	Was your ch	hild born in the United S	States?			J	Yes			No	
	If yes, in wh	ich state?				-					
	If no, in wha	at other country?				-					
2.		nild attended any schoo e years during their life				a	Yes		0	No	
	If yes, pleas	se provide school name	e(s), state, and dates a	ttended:							
		chool			-						
	Name of So	chool			_ State _			Dates	Attend	ied	
								Dates	Allend		
3.	What langu	age is spoken by you a	nd your family most of	the time at hor	ne?	-					
4.	If available, communica	in what language woul tion from the school?	d you prefer to receive								
5.	A. 🗅 Na	ck if your child is: ative American Indian aska Native		□ Native F			der				
6.	Is your child	d's first-learned or home	e language anvthing of	her than Englis	sh?		Yes			No	
	•	"Yes" to question nu				uest	ions	i.			
7.	What langu	age did your child learr	n when he/she first beg	an to talk?						- ALLEN AND AND AND AND AND AND AND AND AND AN	
8.	What langu	age does your child mo	ost frequently speak at	home?		_					
9.	What langu	age do you most frequ	ently speak to your chil	ld?	(Father)						
					(Mother)					
10.	A.	cribe the language <u>und</u> Understands only the h Understands mostly the Understands the home Understands mostly Er Understands only Engl	nome language and no e home language and language and English nglish and some of the	English. some English. equally.							
	-	Parent or Guardia	n's Signature				C	ate		-	
			OFFI	CE USE ONLY							
Stude	ent ID#	Date Distributed	Date Received								



School System:	
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Parent Occupational Survey Please complete this form to determine if your children qualify to receive additional services under Title I, Part C

ity, county, or state, in the last three (3) y	/cars? ☐ Yes ☐ No
town you reside?	
in one of the following occupations, eith	er full or part-time or temporarily
ts such as tomatoes, squash, grapes, onio raking pine straw	
Name of School	Grade
de: Phone:	
	in one of the following occupations, eith ts such as tomatoes, squash, grapes, onio raking pine straw Name of School

Thank You! Please return this form to the school

The answers to this survey will help determine if your children 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 Migrant Education Agency (MEA) serving your district

For additional questions regarding this form, please call the MEA serving your district:

Region 1 – Live Oak MEA (Brooklet) 1-800-621-5217; Fax (912) 842-5440

Region 2 – Southern Pine MEA (Lenox and Bainbridge) 1-866-505-3182; Fax (229) 546-3251

Region 3 – Piedmont MEA (Clarkesville) 1-800-648-0892; Fax (706) 754-3594





Sistema Escolar	
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Encuesta Ocupacional para Padres

Por favor llene este formulario para determinar si sus hijos califican para recibir servicios a través del Programa de Titulo I, Parte C

¿Ustedes se han movido para trabajar en otra ci	iudad, condado, o estado, en los últimos	tres (3) años? Si No			
Si su respuesta es "Sí", ¿en qué fecha llegaron a la ciudad/pueblo donde viven actualmente?					
¿Alguien de su familia trabaja, ha trabajado, o permanente o temporal o ha hecho este tipo de					
 □ 1) Agricultura; plantando/cosechando vegeta □ 2) Plantando o cortando árboles/juntando ag □ 3) Procesando /empacando productos agrico □ 4) Lechería o ganadería □ 5) Empacadoras o procesadoras de carne/po □ 6) Pescando o criando pescado □ 7) Otra actividad. Por Favor especifique en el 	gujas de pino <i>(pine straw)</i> olas Ilo o mariscos				
Nombre de los Estudiantes	Nombre de la Escuela	Grado			
Nombre de los padres o guardianes legales:					
Ciudad: Estado:	Código Postal: T	eléfono:			

¡Muchas Gracias!
Por favor regrese este formulario a la escuela

Las respuestas a este formulario van a ayudar a determinar si sus hijos califican para recibir servicios a través del programa de Titulo I, Parte C.

Note for the school/district: when both (Yes) "Si" 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 Migrant Education Agency (MEA) serving your district

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