

INSTRUCTIONS for COMPLETION of the 2017-2018
Pike County PRE-K APPLICATION PACKET

The packet includes a 4 page registration form. Please complete and submit along with the following:

- A copy of your child's certified birth certificate, passport, or hospital statement
- A copy of your child's social security card or signed waiver
- Two proofs of residency for Pike County (power bill, propane, garbage, water, cable or satellite, notarized lease, rental or settlement agreement, land line phone, a copy of your driver's license, or other I.D.)
- A copy of your child's Immunization Certificate (Form 3231)
- A copy of your child's Eye, Ear, and Dental Certificate (Form 3300)
- The person applying must be the parent or legal guardian.

Applications will be available March 1 through March 31, 2017, from 9:00 a.m. until 4:00 p.m. at the Pike County Pre-K Office. A completed application packet (registration form and required documents) must be returned to the Pre-K Office, located in the Pike County Pre-K Building, March 31, 2017, by 4:00 p.m. to be included in the drawing held in April.

We encourage you to turn-in the application as soon as possible and not wait until the 31st. Applications received after March 31st will be placed at the end of the waiting list in the order received, should a waiting list be needed. This will depend on the number of applicants and the number of Pre-K spaces. A drawing will occur in April to position applicants to fill the Pre-K spaces. Parents of prospective students may attend the drawing, but **it is not required**. Children should not attend. The date and time of the drawing will be announced.

When an application (registration form and required documents) is submitted, the application will be assigned a number. A corresponding number will be placed in the drawing. This number is only a tool to identify your child in the drawing and in no way indicates your child's position in the program. The drawing will determine each child's enrollment position, and each applicant will be notified by mail. The number of available Pre-K spaces is contingent upon the final budget approved by the Georgia legislature. At this time we have 88 spaces.

The 168 day Pre-K calendar for the 2017-2018 school year will begin August 16th, 2017. The number of days required by Pre-K is also contingent upon the final budget approved by the Georgia legislature. Calendars will be available as soon as possible.

Thank you for your interest in our Pre-K program. If you have further questions, you may email Margaret Thomas at thomasm@pike.k12.ga.us or call 770-567-4769.



Please write the school year in the box →

2017-2018

Pre-K Registration Form School Year

PROVIDER LEGAL NAME: (this section to be completed 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)
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:

PARENT/GUARDIAN INFORMATION
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: ()
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: ()

EMERGENCY CONTACT INFORMATION (Persons to contact in the event that either parent/guardian cannot be contacted)
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:

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>CELL PHONE</u>
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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: Pike County Pre-K, 7454 Hwy. 19 South, Zebulon, GA 30295

SIGNATURE (Parent/Guardian): _____

DATE: _____



Georgia Department of Early Care and Learning

Waiting List Information Form

Please clearly print the name as it appears on the birth certificate

Child's Last Name											
Child's First Name											
Child's Middle Name								Name Suffix (Jr, Sr, II, III)			
Last 4 Digits of SSN (if provided)				Date of Birth (M/D/Y)				Gender			
-	_____	_____	_____	___	/	___	/	___	<input type="checkbox"/> M	<input type="checkbox"/> F	
Home Address				City		State		Zip			
GA											
County of Residence				Date Started on Waiting List (M/D/Y)							
_____ / _____ / _____											
Parent/Guardian Name						Phone Number					
_____ / _____ / _____											

** Directory information on this form may be shared with
Bright from the Start: Georgia Department of Early Care and Learning

Parent/Guardian Signature

Date