



Please write the school year in the box →

# Pre-K Registration Form

## School Year

<b>PROVIDER/SCHOOL</b>
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LOCATION NAME (Site):
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<b>CHILD</b>
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LAST NAME:	FIRST:	MIDDLE INITIAL:
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SOCIAL SECURITY#:	D.O.B. (MM/DD/BY):	SEX: [ ]M [ ]F
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HOME ADDRESS:	COUNTY:
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CITY:	STATE: GA	ZIP:	HOME PHONE: ( )
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<b>PARENT/GUARDIAN</b>
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MOTHER'S LAST NAME:	FIRST:	MIDDLE INITIAL:
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(If different from child)	HOME ADDRESS:
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CITY:	STATE:	ZIP:
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HOME PHONE: ( )	DAY TIME PHONE: ( )
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Place of Employment:
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Address:
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City:	State:	Zip:
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FATHER'S LAST NAME:	FIRST:	MIDDLE INITIAL:
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(If different from child)	HOME ADDRESS:
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CITY:	STATE:	ZIP:
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HOME PHONE: ( )	DAY TIME PHONE: ( )
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Place of Employment:
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Address:
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City:	State:	Zip:
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<b>EMERGENCY CONTACT</b>	<i>Person to contact in the event that either parent/guardian cannot be contacted</i>
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NAME:	DAY TIME PHONE: ( )
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DAY TIME ADDRESS:
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CITY:	STATE:	ZIP:
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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 the Georgia Prekindergarten Program, I agree that my child will attend the program for 6.5 hours each day, 5 days a week for the 180-day school year. 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:
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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 and certain agencies or those entities contracted by Pre-K providers which shall include, but not be limited to, the Department of Early Care and Learning (DECAL), the Department of Education, and colleges/universities.

**SIGNATURE (Parent/Guardian):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PHOTOGRAPH/VIDEOTAPE RELEASE**

I hereby grant permission for the Pre-K provider listed on the preceding Registration Form, and certain agencies or entities contracted by the Pre-K provider which shall include, but not be limited to, the Department of Early Care and Learning (DECAL), the Department of Education, and colleges/universities, to record the participation and appearance of my child previously named on the preceding Registration Form, 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 is 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 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, 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.

**SIGNATURE (Parent/Guardian):** \_\_\_\_\_

**DATE:** \_\_\_\_\_