

Items Required for Pre-K

- Birth Certificate
- Social Security Card
- Immunization (no Exempt forms)
- Proof of Residence (Gas, Power, Water, Lease/Mortgage)
- 3300 Form (Hearing, vision, Dental, Nutrition)
- Medicaid (If applicable)
- Proof of Income (W2, 1040, Wage Inquiry) This is due before school starts

Registration and Roster forms must be filled out before receiving. Do not put anything on Date enrolled in Pre-K on Roster Form, this will be added when child starts school.

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.*)

TODAY'S DATE (M/D/Y): ___/___/___		
CHILD INFORMATION:		
Legal Last Name (<i>Apellido</i>):	Name Suffix (Sufijo) (Jr,II,III):	
Legal First Name (<i>Primer Nombre</i>):	Name Child is Called:	
Legal Middle Name (<i>Segundo Nombre</i>):		
Child's Social Security#	DOB (<i>Fecha de Nacimiento</i>) (M/D/Y): ___/___/___	Gender (<i>Sexo</i>): M <input type="checkbox"/> F <input type="checkbox"/>
Date enrolled in Pre-K (M/D/Y): ___/___/___		
PARENT/GUARDIAN INFORMATION:		
Last Name:		First Name:
Relationship: Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/>		

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



Please write the school year in the box →

2024- 2025

Pre-K Registration Form School Year

Warren or Midway

PROVIDER LEGAL NAME:	Scottdale Early Learning, Inc.	(This section to be completed by the provider)
SCHOOL/SITE NAME:	Scottdale Early Learning, Inc.	

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: ()	
Address:		
City:	State:	Zip:
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: ()	
Address:		
City:	State:	Zip:

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: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER			
CHILD'S LEGAL GUARDIAN: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> 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>
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: _____