



Please write
the school
year in the
box →

Pre-K Registration Form 2024-2025 School Year

PROVIDER LEGAL NAME:	Sheltering Arms	(This section to be completed by the provider)
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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 (<i>Do not enter PO Box Info</i>): _____ 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 (<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: _____

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

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CELL PHONE</u>	<u>ALTERNATE PHONE</u>	<u>EMAIL</u>
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: _____

SIGNATURE (Parent/Guardian): _____

DATE: _____

Parental Agreements with Child Care Facility

Sheltering Arms

The _____
(Name of Facility)

agrees to provide child care for _____
(Name of Child)

on Monday- Friday, beginning at 8:00 AM
(Days of Week)

and ending at 2:30 PM from August to May.
(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.

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_____ 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