



Please write the school year in the box →

2018/2019

Pre-K Registration Form School Year

PROVIDER LEGAL NAME: BRIGHT STARS PRIMARY LEARNING ACADEMY, LLC (This section to be completed by the provider)

SCHOOL/SITE NAME: BRIGHT STARS PRIMARY LEARNING ACADEMY

CHILD INFORMATION (Please print name exactly as it appears on the birth certificate.)

Form fields for child information including last name, first name, middle name, social security number, D.O.B., sex, home address, city, state, zip, and 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

Form fields for Parent/Guardian #1 including last name, first name, middle initial, home address, city, state, zip, home phone, cell phone, email address, place of employment, and work phone.

Form fields for Parent/Guardian #2 including last name, first name, middle initial, home address, city, state, zip, home phone, cell phone, email address, place of employment, and work phone.

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

Table with columns: NAME, RELATIONSHIP, CELL PHONE, ALTERNATE PHONE, EMAIL. Rows 1 and 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:

NAME	COMPLETE ADDRESS	RELATIONSHIP	CELL PHONE
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:

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.)*

Legal Last Name (<i>Apellido</i>)		
Legal First Name (<i>Primer Nombre</i>)		
Legal Middle Name (<i>Segundo Nombre</i>)		Name Suffix (<i>Sufijo</i>) (Jr,II,III)
Child's Social Security #	DOB (<i>Fecha de Nacimiento</i>) (M/D/Y)	Gender (<i>Sexo</i>)
____-____-____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F
Date enrolled in Pre-K (M/D/Y)	If different from birth certificate, name student is called	
____/____/____		

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

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: **BRIGHT STARS PRIMARY LEARNING ACADEMY
8733 TARA BLVD, JONESBORO, GA 30236**

SIGNATURE (Parent/Guardian): _____

DATE: _____

Parental Agreements with Child Care Facility

The BRIGHT STARS PRIMARY LEARNING ACADEMY
(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.

BRIGHT STARS PRIMARY LEARNING ACADEMY

_____ 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