

PROVIDER LEGAL NAME:

Please write the school year in the box .

## Before/aftercare Registration Form

(This section to be completed by the provider)

2021-2022 School Year

HOURS 6:30 AM- 6:30 PM SCHOOL LIST: LIVE OAK, FAIRVIEW, PEAKS CHAPEL, FLATSHOALS, SOUTH SALEM, WEST NEWTON, CLEMENTS MIDDLE, MEMORIAL MIDDLE, VETERANS MIDDLE, LIBERTY MIDDLE

SCHOOL/SITE NAME:						
CHILD INFORMATION (	Please print name exac	tly as it appea	rs on the birth ceri	tificate.)		
CHILD'S LAST NAME:		1111		,		
CHILD'S FIRST NAME:		1111				
CHILD'S MIDDLE NAME:	NAME SUFFIX:	(i.e. Jr, Sr,				
CHILD'S SOCIAL SECURITY#:		.O.B. (MM/DD/B		X: [ ]M [ ]F		
HOME ADDRESS (Do not enter PO Box Info)			COUNTY:	[ ] [ ].		
CITY:	STATE: GA	ZIP:	HOME PHONE: (	· )		
	317(12) 37(		110112 1110112	. ,		
If the Student is transferring from an	other Pre-K, please pro	ovide the follow	wing:			
Previous School Name:		Last Date in At	tendance:			
PARENT/GUARDIAN INFORMATION						
Parent/Guardian #1 - LAST NAME:	FIR	ST:	MIDI	DLE INITIAL:		
Home Address (If different from child):						
City:	State:	Zip:				
Home Phone: ( )		Cell Phone:	( )			
Email Address:						
Place of Employment:		Work Phone	e: ( )			
Address:						
City:	State:	Zip:				
Parent/Guardian #2 - LAST NAME:	FIR	ST:	MIDI	DLE INITIAL:		
Home Address (If different from child):						
City:	State:	Zip:				
Home Phone: ( )		Cell Phone:	( )			
Email Address:		Marile Dis	/			
Place of Employment: Address:		Work Pho	one: ( )			
City:	State:	Zip:				
EMERGENCY CONTACT INFORMATION			ithen parent/auandia	n cannot be contacted)		
			<u>·</u>	r cannor be confacted)		
	LL PHONE ALTER	NATE PHONE	EMAIL			
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 ADDRESS RELATIONSHIP CELL PHONE						
1.		NELATI	ONSIII CLLL	THONE		
2.						
3.						
4.						
CHILD'S PHYSICIAN OR CLINIC'S DATE OF LAST FULL HEALTH SCREEN		RIMARY HEAL		: HONE: (	)	
MY CHILD HAS THE FOLLOWING				,	,	
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 Unfolding Faith, the Department of Early Care and Learning (DECAL), and certain agencies or those entities contracted by Unfolding Faith or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities. SIGNATURE (Parent/Guardian): PHOTOGRAPH/VIDEOTAPE RELEASE I hereby grant permission for the Unfolding Faith specified below, the Georgia Department of Early Care and Learning (DECAL) and certain agencies or entities contracted Unfolding Faith 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 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 Unfolding Faith 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. PROVIDER NAME/ADDRESS: SIGNATURE (Parent/Guardian):

DATE: