



## GA Pre-K Enrollment Checklist

### Forms and Documents Required at the time of Registration:

- \_\_\_\_ Completed Bright from the Start Registration Packet
- \_\_\_\_ Birth Certificate
- \_\_\_\_ Social Security Card
- \_\_\_\_ Proof of Residency: **Please Provide One from list below**
  - ❖ Utility Bill: Current utility bill: gas, electric, or water
  - ❖ Current House / Apartment lease
  - ❖ Property Tax Notice
  - ❖ Homeowner's insurance Bill
  - ❖ Mortgage Statement
  - ❖ Current Vehicle Registration form
  - ❖ Current PeachCare Eligibility Documents for the Child
  - ❖ Letter from Employer if employer provides Housing

### Pre-K Age Requirement

**Child must be 4 years old on  
or before**

**September 1, 2023**

**Birth date must fall between**

**September 2, 2018 and**

**September 1, 2019**

### Forms and Documents needed prior to the first day of school:

- \_\_\_\_ Completed CDA Information Packet
- \_\_\_\_ Child Health Assessment (must be completed by child's healthcare provider)
- \_\_\_\_ Form 3231 (Certificate of Immunization)
- \_\_\_\_ Form 3300 (Eye, Ear, Dental, Nutrition)
- \_\_\_\_ Copy of Health Insurance Card





**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

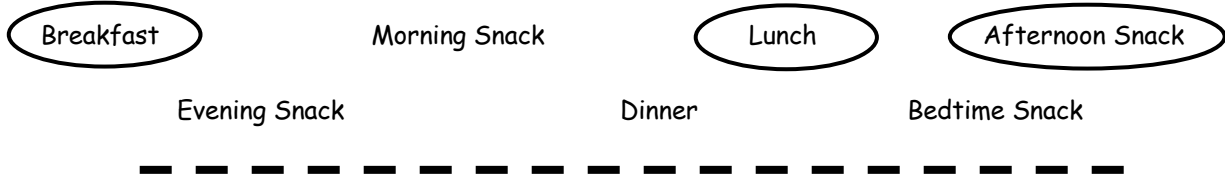
The CDA  
(Name of Facility)

agrees to provide child care for \_\_\_\_\_  
(Name of Child)

on Monday through Friday, beginning at 8:30 AM  
(Days of Week)

and ending at 3:00 PM from August to May.  
(Month) (Month)

My child will participate in the following meal plan (circle applicable meals and snacks):



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.

CDA 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