



Please write the school year in the box →

# Pre-K Registration Form

## School Year

PROVIDER LEGAL NAME:	(this section to be entered by the provider)
SCHOOL/SITE NAME:	

CHILD INFORMATION		(Please print name as it appears on the birth certificate.)	
LAST NAME:			
FIRST NAME:			
MIDDLE NAME:		NAME SUFFIX:	(i.e. Jr, Sr, II, III)
SOCIAL SECURITY#:	D.O.B. (MM/DD/BY):	SEX: [ ]M [ ]F	
HOME ADDRESS:	COUNTY:		
CITY:	STATE: GA	ZIP:	HOME PHONE: ( )

<b>If the Student is transferring from another Pre-K, please provide the following:</b>	
Previous School Name: _____	Last Date in Attendance: _____

PARENT/GUARDIAN INFORMATION		
MOTHER'S LAST NAME:	FIRST:	MIDDLE INITIAL:
HOME ADDRESS (If different from child):		
CITY:	STATE:	ZIP:
HOME PHONE: ( )	DAY TIME PHONE: ( )	
Place of Employment:		
Address:		
City:	State:	Zip:
FATHER'S LAST NAME:	FIRST:	MIDDLE INITIAL:
HOME ADDRESS (If different from child):		
CITY:	STATE:	ZIP:
HOME PHONE: ( )	DAY TIME PHONE: ( )	
Place of Employment:		
Address:		
City:	State:	Zip:

EMERGENCY CONTACT INFORMATION <span style="float: right; font-size: small;">(Person to contact in the event that either parent/guardian cannot be contacted)</span>		
NAME:	DAY TIME PHONE: ( )	
DAY TIME ADDRESS:		
CITY:	STATE:	ZIP:

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 the Georgia Prekindergarten Program, I agree that my child will attend the program for 6.5 hours each day, 5 days a week for the 180-day school year. 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: \_\_\_\_\_

