



2018-19 Pre-Kindergarten Registration Information

Registration Packets may be picked up at Lanier Primary School, Richmond Hill Primary School, and McAllister Elementary during regular school hours or downloaded from <http://www.bryancountyschools.org/o/bcs/page/pre-kindergarten>. A child enrolling in Pre-K must be four years old on or before September 1, 2018.

Registration Packets Due by March 23, 2018

To be considered for the 2018-19 SY Pre-K Lottery, all completed packets must be returned by 2:00 p.m. on Friday, March 23, 2018. Any incomplete applications or those received after Friday, March 23rd at 2:00 p.m. will be placed on the Pre-K Waiting List. Registration Packets may be returned during school hours at Lanier Primary School, Richmond Hill Primary School, and McAllister Elementary.

Pre-Kindergarten Lottery:

A lottery from the list of registered Pre-K students will be held at each school during the week of April 16th to determine enrollment for that school. The Bright from the Start Grant allows a specific number of students per class/per school. Those numbers are as follows:

- April 16th at 4:00 pm: Lanier Primary School: 88 students – 4 classes of 22 students
- April 17th at 5:00 pm: Richmond Hill Primary School: 132 students – 6 classes of 22 students
- April 19th at 4:00 pm: McAllister Elementary School: 66 students – 3 classes of 22 students

Required Documents for Registration:

These documents must be included in the Registration Packet when submitted to the school:

- A. Completed 2018-19 Bright from the Start Pre-K Registration Form
- B. Original certified birth certificate copy
- C. Proof of Residency – Residency is established by providing two items from the list below:
 - 1. Current month lease agreement (GA Realtor signed rental lease or Notarized generic lease) **or** home purchase agreement or mortgage **(REQUIRED)**
 - 2. Current month utility bill or document verifying utility services established for primary residence
 - 3. Previous year or most recent tax return
 - 4. Current year Department of Family & Children Services documents
 - 5. Current year Medicaid card
 - 6. Current weekly or monthly paycheck stub
- D. Child's Social Security Card copy
- E. Parent Photo Identification
- F. BCS Pre-K Lottery Form
- G. Child's Immunization Record (Form 3231) and Eye, Ear, and Dental (EED-Form 3300)
*If forms are ready, they may be included in the Registration Packet, but do not have to be submitted prior to the drawing. Forms are available from the Bryan County Health Department (756-2611 or 653-4331) or the child's doctor.

Pre-K Registration Form

2018-2019 School Year

PROVIDER LEGAL NAME: Bryan County Board of Education

SCHOOL/SITE NAME: Richmond Hill Primary School

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/YY):		Race:	Hispanic: []Y []N
HOME ADDRESS (Do not enter PO Box info):				SEX: []M []F
CITY:	STATE: GA	ZIP:	COUNTY:	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 (If different from child):		
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 (If different from child):		
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)				
NAME	RELATIONSHIP	CELL PHONE	ALTERNATE PHONE	EMAIL
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:	<input type="checkbox"/> BOTH PARENTS	<input type="checkbox"/> MOTHER	<input type="checkbox"/> FATHER	<input type="checkbox"/> OTHER
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CHILD'S LEGAL GUARDIAN:	<input type="checkbox"/> BOTH PARENTS	<input type="checkbox"/> MOTHER	<input type="checkbox"/> FATHER	<input type="checkbox"/> OTHER
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THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:

NAME	ADDRESS	RELATIONSHIP	CELL PHONE
1.			
2.			
3.			
4.			

CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE):	
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DATE OF LAST FULL HEALTH SCREENING: _____	PHONE: () _____
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MY CHILD HAS THE FOLLOWING SPECIAL NEED(S):
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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: _____



2018-19 Pre-Kindergarten Lottery Form

Pre-Kindergarten Lottery:

A lottery from the list of registered Pre-K students will be held at each school during the week of April 16th to determine enrollment for that school. All registration documents **MUST** be received by the school by 2:00 pm on Friday, March 23, 2018 to be included in the lottery drawing. All children not chosen at the drawing or who register after 2:00 pm on March 23rd will be placed on the Pre-K Waiting List. Lotteries will be conducted at each school on the following schedule:

- April 16th at 4:00 pm: Lanier Primary School: 88 students – 4 classes of 22 students
- April 17th at 5:00 pm: Richmond Hill Primary School: 132 students – 6 classes of 22 students
- April 19th at 4:00 pm: McAllister Elementary School: 66 students – 3 classes of 22 students

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*If forms are ready, they may be included in the Registration Packet, but do not have to be submitted prior to the drawing. Forms are available from the Bryan County Health Department (756-2611 or 653-4331) or the child’s doctor.

Please complete the information below for the drawing. If a multiple birth/siblings, list all children’s names.

Circle One Location:

Lanier Primary School Richmond Hill Primary School McAllister Elementary School

Child’s Name _____ Multiple Birth/Siblings: Yes or No

Child’s Birthdate _____ (MUST be 4 years old on or before September 1, 2018)

Parent Name _____

Address _____

Subdivision Name (South Bryan Residents Only) _____

Home Phone _____

Cell Phone _____