## Prekindergarten Registration Lottery Ticket

2017-2018

The lottery drawings will take place at either Lanier Primary School or the Richmond Hill Pre-K schools on the following dates.

- \*Lanier Primary School Pre-K on April 3, 2017 at 4:00 PM.
- \*Richmond Hill Primary School Pre-K on April 5, 2017 at 4:00 PM.
- \*McAllister Elementary School Pre-K on April 6, 2017 at 4:00 PM.

All registration documents must be received by March 31st at 3:00 PM to be included in the drawing. All children not chosen at the drawing or who register after March 31<sup>st</sup> will be placed on a waiting list until spaces become available.

Please complete the lottery ticket			
Please circle the Pre-K name			
Child Name			Twins? Yes No
Parent Name			
Address			
Subdivision Name (South En	nd Schools Only) _		
Home Phone		Cell Phone	
Parents will need to bring the follow	ing documents in order	to be eligible to participate in the I	ottery process (your applicatio

Parents will need to bring the following documents in order to be eligible to participate in the lottery process (your applicatio is not considered accepted until it has been received by the Project Director with the following documents)\*

<sup>\*2017-2018</sup> Prekindergarten application

<sup>\*</sup>Original certified birth certificate (proof of age requirement)

<sup>\*</sup>Proof of residency, include two (electric, gas or water bill, apartment lease, mortgage statement, or house contract).

Parents may only register at the school that serves their legal address.

<sup>\*</sup>Once your application has been accepted in the lottery drawing additional registration forms will be required to participate in the program.



Please write the school year in the box .

## Pre-K Registration Form

2017-2018

School Year

PROVIDER LEGAL NAME: Bryan Co	unty Board of	Education	(this section to be completed by the provider)
SCHOOL/SITE NAME: McAllister	Elementary Sch	nool	
CHILD INFORMATION	(Please print nan	ne exactly as it app	pears on the birth certificate.)
CHILD'S LAST NAME:			
CHILD'S FIRST NAME:			
CHILD'S MIDDLE NAME:			UFFIX:       (i.e. Jr, Sr, II,III)
CHILD'S SOCIAL SECURITY#:		D.O.B. (MM/DD/BY)	): SEX: [ ]M [ ]F
HOME ADDRESS (Do not enter PO Box Info):			COUNTY:
CITY:	STATE: GA	ZIP:	HOME PHONE: ( )
If the Student is transferring from Previous School Name:	another Pre-K, pl		ollowing: n Attendance:
PARENT/GUARDIAN INFORMATION			
Parent/Guardian #1 - LAST NAME:	F	TIRST:	MIDDLE INITIAL:
Home Address (If different from child):			
City:	State:	Zip:	
Home Phone: ( )		Cell Pho	ne: ( )
Email Address:			
Place of Employment:		Work Ph	one: ( )
Address:			
City:	State:	Zip:	
Parent/Guardian #2 - LAST NAME:	F	TRST:	MIDDLE INITIAL:
Home Address (If different from child):			
City:	State:	Zip:	
Home Phone: ( )		Cell Phoi	ne: ( )
Email Address:			
Place of Employment:		Work Ph	one: ( )
Address:			
City:	State:	Zip:	
EMERGENCY CONTACT INFORMATION	(Persons to contact in	the event that either	parent/guardian cannot be contacted)
NAME RELATIONSHIP C	ELL PHONE	ALTERNATE PHONE	<u>EMAIL</u>
1.			
2.			
I verify the above information to be correct, and I	understand that complet	ion 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 NAME  ADDRE				FOLLOWING: SHIP CELL PHONE
1.				
2.	***************************************			
3.			- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
4.				
CHILD'S PHYSICIAN OR CLINIC'S DATE OF LAST FULL HEALTH SCREEN	NAME (CHILD'S PRI		SOURCE): PHONE: (	)
MY CHILD HAS THE FOLLOWING	SPECIAL NEED(S):			
THE FOLLOWING SPECIAL ACCOMMEET MY CHILD'S NEEDS WHILE		Y BE REQUIRI	ED TO MOST	EFFECTIVELY
MY CHILD IS CURRENTLY ON MED				
AND/OR HAS THE FOLLOWING PI	RE-EXISTING ALLER	(GIES, ILLNES	SS, OR HEAL	TH 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):
DATF: