

Dodge Pre-Kindergarten

401 Harrell Street

Eastman, Georgia 31023

(478) 374-6496 (478) 374-1484

Dear Parents,

Thank you for choosing Dodge Pre-Kindergarten for your child. Children must be 4 years old on or before September 1, 2022 and be a Dodge County resident. Five year old children who did not attend a Georgia Pre-K Program before may attend also. Orientation and registration will be during the week of pre-planning. You will receive an acceptance letter in May and then an orientation letter in July.

Items Needed for Orientation:

1. Certificate of Immunization – form 3231
2. Hearing, Vision, Dental and Nutritional Screening –form 3300
3. If your child receives Medicaid and/or if your family receives food stamps or TANF, we need a copy of those cards. If you receive 2 or more of these types of assistance, we only need one. An eligibility letter is acceptable.

**TAKE THIS PAGE WITH YOU AS A
REMINDER OF NECESSARY
INFORMATION. WE LOOK FORWARD TO
SEEING YOU AGAIN AND MEETING YOUR
CHILD IN AUGUST!**

B.C. _____
P.O. R. _____
SS Card _____

Date _____
Time _____
Initial _____

Dodge Pre-Kindergarten Application

Child's Name _____ Sex _____ Race (optional) _____

Name to be called at school _____ Child's Birthday _____

Name of parents child lives with _____

911 Address _____ S.S. # for child _____

Mailing address (if different) _____ District (circle one) North or South

Home phone _____ Cell phone _____ Neighbor phone _____

Mother's Employment _____ Work Phone _____

Father's Employment _____ Work Phone _____

Grandparents Name _____ Phone # _____

Other Children in Family
Name _____ Age _____ School Attending _____

- 1.
- 2.
- 3.

Check if you/your child receives these: ___ TANF ___ Food Stamps ___ Medicaid
Please list your monthly gross (before taxes) income for your household _____

Is your child registered at another Pre-K program for this coming school year? ___ Yes ___ No
If so, where?

Where does your child attend daycare now? _____
if accepted, how will your child get home?
___ parent pick up ___ county bus (circle district North or South) ___ Pre-K bus (inside city limits)

Dodge Pre-Kindergarten Application

Please answer the following questions correctly, so that we can place your child with a teacher who will be able to work well with him/her. Your answers will not affect your child being accepted at Dodge PreK.

Does your child get along well with other children? Not usually Sometimes Most of the time
Explain _____

Does your child have temper tantrums? One time a week or less 2-3 times weekly More than 3 times
Explain _____

Does your child show signs of hyperactivity? Never Sometimes Often
Explain _____

Is there anything special that you would like us to know about your child or your situation?

Does your child have any health related or medical problems? (i.e. allergies, nosebleeds, asthma, etc)

I hereby grant permission for the information provided in this application to be distributed to other pre-k providers and certain agencies, which include but are not limited to Bright from the Start Department of Early Care and Learning, the Department of Education, and colleges/universities. I hereby grant permission for the mentioned child to be photographed and/or videotaped in connection with the daily pre-k activities for the purposes of news releases, reporting, and assessing the progress of children and the program.

I understand the 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 school district where my child is enrolled. I understand that failure to comply with the attendance requirements could result in disenrollment.

I have attached a copy of appropriate age documentation to this registration form. I understand that this age documentation, my child's social security card or waiver, and Georgia proof of residency are required in order for my application to be considered complete.

I understand my child's acceptance into the program also depends on proof of Dodge County residency, per Dodge County Board of Education policy. I affirm that the address I have provided for my child's residency is located in Dodge County.

Signature and Date

Dodge Pre-Kindergarten/Preschool Special Needs Program Authorization for Release of Information

Please read the following and complete the bottom section.

I hereby under the provision of the Public Law 93-380, "The Family Educational Rights and Privacy Act of 1974", authorize the following agencies:

Department of Family and Children Services
Community Mental Health
Dodge County Health Department
Dodge County Division of Youth Services
Dodge County Schools
Heart of Georgia Community Action Agency
Eastman Head Start
School Nurse
Eastman Pediatric Clinic
Middle Georgia Pediatric Associates
Dodge County Hospital
Children's Medical Services
Dr. Bill Shilling
Dr. Susan Davenport
Dr. Joseph Trasmonte
Dr. Samuel Samuel
Dublin ENT
Pride and Joy Daycare/Pre-K Program
Lolly's Pre-Kindergarten
Other

to release written and/or verbal, educational, social, psychological, and/or medical information to Dodge Pre-Kindergarten/Preschool Special Needs. I understand the purpose of this release is to allow Dodge Pre-Kindergarten/Preschool Special Needs to share information and treatment recommendations to best help the client/student named. Furthermore, I understand that all information to be released/shared between agencies will be strictly confidential by the sharing agencies.

A photocopy of this form has the validity of the original.

Name of Student _____

Date of Birth _____

Age _____

Signature of Parent/Guardian _____ Date _____