

B.C. _____

P.O. R. _____

SS Card _____

Date _____

Time _____

Initial _____

Dodge County Primary School

Pre-K 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) _____

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 _____ city bus

Dodge County Primary School

Pre-K 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.

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 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 acceptable proof of residency are required in order for my application to be considered complete.

Signature and Date

Dodge County Primary School Pre-K/Preschool Special Needs Program Authorization for Release of Information

Please read the following and complete the bottom section.

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

Dodge County Department of Family and Children Services
Community Mental Health
Dodge County Division of Youth Services
Dodge County Schools
Heart of Georgia Community Action Agency
Eastman Head Start
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
Care Connect
Look Who's Talking
Harrelson Speech and Language
Pride and Joy Daycare/Pre-K Program
Lolly's Pre-Kindergarten
Other _____

to release written and/or verbal, educational, social, psychological, or medical information to DCPS. I understand the purpose of this release is to allow DCPS to share information and treatment recommendations to best help the 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 _____