

Treutlen County Pre-K Enrollment Checklist:

Student Name: _____

- Birth Certificate
- Immunization Record
- HVD (Hearing, Vision, Dental) Screening
- Proof of Residency
- Driver's License
- Social Security Card
- Medicaid, Peachcare and/or Food Stamps Card
- Pre-K Registration Form
- Roster Information Form

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 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): _____.

DATE OF LAST FULL HEALTH SCREENING: _____ PHONE: () _____

MY CHILD HAS THE FOLLOWING SPECIAL NEED(S):

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:

This form is to be completed after school starts, not at the time of registration. **Please clearly print** the name as it appears on the birth certificate. *(Por favor escriba el nombre como aparece en el certificado de nacimiento.)*

TODAY'S DATE (M/D/Y): ____/____/____		
CHILD INFORMATION:		
Legal Last Name (<i>Apellido</i>):	Name Suffix (<i>Sufijo</i>) (Jr,II,III):	
Legal First Name (<i>Primer Nombre</i>):	Name Child is Called:	
Legal Middle Name (<i>Segundo Nombre</i>):		
Child's Social Security#	DOB (<i>Fecha de Nacimiento</i>) (M/D/Y): ____/____/____	Gender (<i>Sexo</i>): M <input type="checkbox"/> F <input type="checkbox"/>
Date enrolled in Pre-K (M/D/Y): ____/____/____		
PARENT/GUARDIAN INFORMATION:		
Last Name:		First Name:
Relationship: Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/>		

1. Is your child's ethnicity **Hispanic/Latino/Spanish Origin**, regardless of race? (*¿Es Ud. Hispano/Latino o de Origen Hispano, sin importar la raza?*)

Yes (*Si*) No (*No*) Decline to Answer (*negarse a contestar*)

Please select **ONE OR MORE** of the following races regardless of how you answered question one. (**TODOS** deben seleccionar **UNA O MAS** de las siguientes razas sin importar cómo haya contestado la primera pregunta.)

2. Is your child:

a. **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. (**Blanco** – Una persona que tiene orígenes en los pueblos provenientes de Europa, el Medio Oriente, o África del Norte.)

b. **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (**Asiático** – Una persona con orígenes en los pueblos provenientes del Lejano Oriente, Suroeste de Asia, o el subcontinente Hindú incluyendo, a Cambodía, China, India, Japón, Corea, Malasia, Pakistán, Las Filipinas, Tailandia, y Vietnam.)

c. **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (**Nativo de Hawaii u Otra Isla del Pacífico** – Una persona con orígenes en los pueblos provenientes de Hawaii, Guam, Samoa, u otra Isla del Pacífico.)

d. **Black or African American** – A person having origins in any of the Black racial groups of Africa. (**Negro o Afro Americano** – Una persona con orígenes en los pueblos provenientes de África o en grupo racial Negro.)

e. **American Indian or Alaskan Native** – A person having origins in any of the original peoples of North and South America including Central America, who maintains a tribal affiliation or community attachment. (**Indio Americano o Nativo de Alaska** – Una persona con orígenes en los pueblos provenientes de América Del Norte y del Sur, incluyendo América Central, que mantiene una afiliación tribal o comunitaria.)

f. **Decline to Answer** (*negarse a contestar*)

3. What is your child's primary language? (*¿Cuál es el idioma primario de su hijo(a)?*)

English (*Inglés*)
 A language other than English (*Un idioma diferente al Inglés*)

4. Was your child born as a: (*El parto en que Ud. tuvo a su hijo(a) fue de:*)

Single Birth (1) (*Un sólo niño*)
 Twin (2) (*De mellizos*)
 Triplet (3) (*De trillizos*)
 Quadruplet (4) (*De cuatrillizos*)
 Quintuplet (5) (*De quintuples*)

5. Does your child have an Individualized Education Plan (IEP)? (*¿Tiene su hijo(a) un Plan de Educación Individualizada (IEP)?*)

Yes (*Si*) No (*No*)

6. Does your child receive any of the following services? (*¿Recibe su hijo(a) alguno de estos servicios?*)

Childcare and Parent Services (CAPS) (child care subsidy program)
 Food Stamps (*Cupones de Alimentos*)
 SSI
 Medicaid
 Temporary Assistance for Needy Families (TANF)

7. Will the Pre-K center be providing transportation for your child? (*¿Recibirá su hijo(a) transporte en el Centro donde va a asistir a Pre-K?*)

Yes (*Si*) No (*No*)

Parent/Guardian Signature

Date

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: TES/7892 Ga Hwy 29 Soperton, GA

SIGNATURE (Parent/Guardian): _____

DATE: _____

2023-2024 Treutlen County Schools Calendar

178 Instructional Days and 12 Staff Planning Days Approved 01/09/23

July 2023						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

26-31 Preplanning

August 2023						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

1 Preplanning
2 First Day of School

September 2023						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

4-5 Labor Day Holiday
5 Planning day for Teachers

October 2023						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

9-10 Student Holidays
10 Planning Day for Teachers

November 2023						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

20-24 Thanksgiving Holidays

December 2023						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30/31

15 Early Dismissal (12:00P)
15 End of First Semester
18-29 Winter Holidays

January 2024						
S	M	T	W	Th	F	S
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

1 Holiday
2 Teacher Planning
3 Students Return
(First Day of 2nd Semester)
15 MLK Jr. Holiday

February 2024						
S	M	T	W	Th	F	S
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

19-20 Student Holidays
19 President's Day Holiday
20 Teacher Planning

March 2024						
S	M	T	W	Th	F	S
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

18 Student Holidays
18 Teacher Planning

April 2024						
S	M	T	W	Th	F	S
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

1-5 Spring Holidays

May 2024						
S	M	T	W	Th	F	S
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

17 Early Dismissal (12:00P)
17 Last Day of School
19 Graduation
20-21 Teacher Planning

June 2024						
S	M	T	W	Th	F	S
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

Teacher Work Day or Professional Learning Day/Student Holiday
Beginning of Term
End of Term

New Marking Period
Staff and Student Holiday