

2026-2027 Pre-K Registration Packet



Cartersville Primary School Pre-K

200 Carter Grove Blvd. – Cartersville, GA 30120

Phone 678.535.6330 * *Fax* 470.888.4825

website cps.cartersvilleschools.org

*Packets must be returned during registration on March 16, 2026.

(See back for more details)

Tara Peters

Assistant Principal

tpeters@cartersvilleschools.org

Krystal Murray

Pre-K Secretary

kmurray@cartersvilleschools.org

PRE-K REGISTRATION IS ONE DAY ONLY:

March 16th, 2026

9:00 am - 1:00 pm & 3:00 pm – 6:00 pm

Location: Cartersville Primary School, 200 Carter Grove BLVD

Slots will be filled by a LOTTERY SYSTEM. To be entered in the lottery, you must register on March 16th (the time does not affect your child's chances of earning a slot.)

Requirements for Registration:

Your child must be 4 years old on or before September 1st, 2026.

You need to provide 1 copy of each of the following documents:

1. Your child's certified birth certificate
2. Your child's social security card
3. Form 3231- Immunization record (cannot be expired)
4. Form 3300- Hearing, Vision, Dental & Nutrition screening:
 - If your child did not pass any portion of the screening, you must bring a copy of an appointment card stating when your child will be re-evaluated.
 - Please make sure this is COMPLETELY filled out with the student's name, the provider's (doctor/dentist) signature with contact information and dated.
5. Proof of any government assistance (ex. Medicaid, Food Stamps)
6. 2 Proofs of residency:
 - Mortgage Statement (no more than 30 days old) / Deed
 - Lease or rental agreement
 - CURRENT utility bill (no more than 30 days old)
 - Affidavit of residency (signed at the school with photo id)
7. A copy of one of the following are required for each parent
 - Valid driver license for each parent/guardian
 - Valid DMV ID card
 - Passport

****Following our school system's policy, students who live outside of the Cartersville City School district will need to pay the \$300 out-of-district tuition. ****



Is My Child Ready for PreK?

Starting Pre-K is an exciting milestone! At Cartersville Primary School, we follow Georgia Early Learning and Developmental Standards and use assessments to support your child's growth. You can help your child to have a successful PK experience by encouraging independence before school begins.

Key Skills to Practice:

Potty Training:

- ✓ Be able to communicate to an adult when they use the restroom
- ✓ Manage clothing (be able to change and dress themselves)
- ✓ Wipe themselves
- ✓ Wash hands

Other Independent Skills:

- ✓ Buckle/unbuckle car seat
- ✓ Feed themselves and try to open food packages
- ✓ Respond when spoken to
- ✓ Put on and fasten a jacket
- ✓ Follow simple directions

CHILD MAINTENANCECHILD'S LIVING ARRANGEMENTS: BOTH PARENTS MOTHER FATHER OTHERCHILD'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
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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:**

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: Cartersville Primary School 200 Carter Grove Blvd.
Cartersville, GA 30120

SIGNATURE (Parent/Guardian): _____

DATE: _____



Georgia's Pre-K Program Waiting List Information Form

Please write the school year in the box
_____ →

2026-2027 School Year

Clearly **print** the name as it appears on the birth certificate.

TODAY'S DATE (M/D/Y): ____/____/____		
CHILD INFORMATION:		
First Name:		Name Suffix (Jr,II,III):
Middle Name:		
Last Name:		
Last 4 Digits of SSN ____-____-____-____	Date of Birth (MM/DD/YYYY): ____/____/____	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Is your child's primary language English? <input type="checkbox"/> YES <input type="checkbox"/> NO	Language spoken at home (other than English):	Date started on Waiting List: ____/____/____
ADDRESS INFORMATION		
Home Address:		
City:	County of Residence:	State:
Zip Code:		
PARENT/GUARDIAN INFORMATION:		
First Name:		Last Name:
Relationship: Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/>		
Email Address:		Phone Number:

Parent/Guardian Signature

Date