

Thank you for your interest in the Glascock County Pre-K Program. **Please download and complete the attached forms electronically in their entirety.** This document will allow you to enter information directly into the required fields. Once all information has been entered electronically, you may print to sign and bring with you at registration or use your email and attach the completed file to submit the paperwork electronically (prek@glascock.k12.ga.us). ***If you submit electronically, you must still attend the on-site registration held in March or by appointment with the Pre-K Site Director after the primary registration date.***

Registering a New Student

If registering a student after the primary Pre-K registration event, you must call or email to schedule an appointment. Contact the Pre-K Site Director at (706) 598-2291 or prek@glascock.k12.ga.us.

A completed registration packet includes:

1. **Students must be enrolled by their parent or legal guardian.**
 - a. To be considered a legal guardian, the school must have on file, a certified copy of said orders issued by the courts.
 - b. A copy of any divorce decree to show who has custodial rights. This includes any court document that also includes any kind of legal restraining order of which the school needs to be aware.
2. **Proof of Residency.** To attend Pre-K, the parent/guardian must provide proof of residency in the state of Georgia. The property address given must be the actual location where the student and parent/guardian live full time. Proof of residency is required when a student registers for school and whenever a change of residency occurs. The following records are accepted as proof of residency for PreK:
 - a. **For Parents Who Own Their Residence**—A property tax statement or home ownership title (property deed, warranty deed, quit-claim deed, or security deed) **AND** a current utility bill (telephone/cable bills will not be acceptable). Records must include the street address and name of the parent/guardian.
 - b. **For Parents Who Are Renting a Residence**—A District-designated Affidavit of Residency signed by the property owner; **AND** three current plausible electricity bills with parent/guardian name and address; **AND** three months canceled rent checks or money order receipts.
3. **Evidence of Proper Age.** Certified birth certificate. Copies can be obtained from the local courthouse.
4. **Immunization and health screening forms** may be submitted at the time of enrollment or within 30 calendar days of enrollment.
 - a. **Certificate of immunization** (DHR Form 3231)
 - b. **Certificate of eye, ear, and dental examination.** (DHR Form 3300). The vision, hearing, dental, and nutrition screenings reported on Form 3300 must have been conducted within 12 months prior to the start of the Pre-K program
5. **Child's Social Security Card (copy of original card):** An official copy of the student's social security card is to be incorporated into the school's records or a signed waiver of the social security requirement.
6. **Driver's License:** Photo ID is required at the time of registration of the parent/guardian enrolling the student and must match the address being provided as the physical residence address.
7. **Medicaid card, TANF, SSI, SNAP, or CAPS documentation if applicable**

A lottery drawing for Pre-K will be announced once the Glascock County Board of Education is notified by Bright from the Start the number of funded classrooms for the 2026-2027 school year if the number of registered students exceeds the available seats. Only students who are registered during the announced window are eligible for the Pre-K drawing.

Student Information Sheet

Name: _____
(FIRST) (MIDDLE) (LAST)

Suffix (i.e. Jr, Sr, II, III, etc.) _____ Name to be called: _____

Date of Birth: _____ Social Security Number: _____

Gender: ☐ MALE ☐ FEMALE Hispanic/Latino? ☐ Yes ☐ No ☐ Decline to Answer

Race/Ethnicity (check all that apply): ☐ White ☐ Asian ☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American ☐ American Indian or Alaskan Native ☐ Decline to Answer

Child's primary language: ☐ English ☐ Language other than English

Was child born as a: ☐ Single Birth (1) ☐ Twin (2) ☐ Triplet (3) ☐ Quadruplet (4) ☐ Quintuplet (5)

Does your child receive any of the following services (if yes, please bring documentation to registration):

Individualized Education Plan (IEP)? ☐ Yes ☐ No Special Education Services? ☐ Yes ☐ No

Childcare and Parent Services (CAPS)? ☐ Yes ☐ No Foster Care? ☐ Yes ☐ No

Child and Adult Care Food Program (CACFP) ☐ Yes ☐ No 504 Plan? ☐ Yes ☐ No

SSI? ☐ Yes ☐ No

Medicaid? ☐ Yes ☐ No Food Stamps? ☐ Yes ☐ No

Temporary Assistance for Needy Families (TANF)? ☐ Yes ☐ No

Physical Address (No PO Box numbers):

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above):

City: _____ State: _____ Zip Code: _____

With whom does your child reside?

☐ Both Parents ☐ Mother ☐ Father ☐ Other--Relationship: _____

Child's legal guardian:

☐ Both Parents ☐ Mother ☐ Father ☐ Other--Relationship: _____

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Name & grade of siblings:

_____	_____	_____	_____
(FIRST)	(MIDDLE)	(LAST)	(GRADE)
_____	_____	_____	_____
(FIRST)	(MIDDLE)	(LAST)	(GRADE)
_____	_____	_____	_____
(FIRST)	(MIDDLE)	(LAST)	(GRADE)
_____	_____	_____	_____
(FIRST)	(MIDDLE)	(LAST)	(GRADE)

Enrolling Parent/Guardian: _____
(FIRST) (MIDDLE INITIAL) (LAST)

Address (if different): _____ City: _____

State: _____ Zip Code: _____ Employer: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email address: _____

Relationship: ☐ Mother ☐ Father ☐ Grandparent ☐ Guardian

Parent/Guardian 2: _____
(FIRST) (MIDDLE INITIAL) (LAST)

Address (if different): _____ City: _____

State: _____ Zip Code: _____ Employer: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email address: _____

Will Pre-K be providing transportation for your child? ☐ Yes ☐ No

If yes, to school? ☐ Yes ☐ No Home from school? ☐ Yes ☐ No

Bus Driver's Name (if known): _____ Bus #: _____

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Emergency Contacts (please provide two):

- | | |
|-------------------|-------------------|
| 1. Name: _____ | Relation: _____ |
| Home phone: _____ | Cell phone: _____ |
| 2. Name: _____ | Relation: _____ |
| Home phone: _____ | Cell phone: _____ |

Please list three additional people authorized to pick your child up from school:

- | | |
|----------------|-------------------|
| 1. Name: _____ | Cell phone: _____ |
| 2. Name: _____ | Cell phone: _____ |
| 3. Name: _____ | Cell phone: _____ |
| 4. Name: _____ | Cell phone: _____ |

Previous preschool programs attended: _____

Last date in attendance: _____

My child has the following special need(s):

Child's Primary Care Physician:

Date of last full health screening:

Doctor's office #:

The following special accommodation(s) may be required to most effectively meet my child's needs while in Pre-K:

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:

Glascock County School System
Parental/Guardian Declaration

I declare the parental/guardianship authority listed below for the following children enrolled in the Glascock County School System:

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

☐ **These children reside with both biological/adoptive parents.** As such, either parent is authorized to act on their behalf (excluding withdrawal from this school, which must be accomplished by the enrolling parent).

☐ **These children reside with one biological parent.**

☐ I am the physical, custodial parent (as declared in a court order or divorce decree). Supporting documentation is attached. Note: Parents are reminded that 'legal custody' is not the same as 'physical custody'—'physical custody' addresses with whom the children will reside.

☐ I share joint physical custody with the other biological parent (as declared in a court order or divorce decree). Supporting documentation is attached.

☐ **These children reside with a legal guardian.**

☐ I am the legal guardian, as established by an order of the courts or through Temporary Legal Guardianship filings/proceedings. Supporting documentation is attached.

☐ **These children do not reside with a legal guardian.**

☐ As an agent of a state or local governmental agency (i.e., DHR, DJJ, DFCS, etc.), I am the legal guardian. Supporting documentation is attached.

☐ I am a grandparent and have utilized the "Care of a Grandchild Act" Power of Attorney. Attached is the POA and documentation verifying the specific, allowable hardship.

☐ I am the guardian/caregiver of a child of a military family. Supporting documentation (i.e. Power of Attorney utilized by the U.S. Armed Forces) is attached.

I acknowledge that it is my responsibility to notify the school if a change in the parent/guardianship provisions for these children occurs. I agree that this notification will occur for these children to maintain enrollment in this school.

SWORN TO AND SUBSCRIBED BEFORE ME,
This the _____ day of _____,
20____.

Notary Public

Commission expires

Under penalty of law (O.C.G.A. § 16-10-71), I
swear that the information given above is true and
correct, this the _____ day of _____,
20____.

Parent/Guardian

Please write
the school
year in the
box →

Pre-K Registration Form

School Year

PROVIDER LEGAL NAME: GLASCOCK COUNTY SCHOOL SYSTEM

(This section to be completed by the provider)

SCHOOL/SITE NAME: GLASCOCK COUNTY PRE-K

CHILD INFORMATION

(Please print name exactly as it appears on the birth certificate.)

CHILD'S LAST NAME:

CHILD'S FIRST NAME:

CHILD'S MIDDLE NAME:

NAME SUFFIX:

(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 another Pre-K, please provide the following:

Previous School Name: Last Date in Attendance:

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 - LAST NAME:

FIRST:

MIDDLE INITIAL:

Home Address (If different from child):

City:

State:

Zip:

Home Phone: ()

Cell Phone: ()

Email Address:

Place of Employment:

Work Phone: ()

Address:

City:

State:

Zip:

Parent/Guardian #2 - LAST NAME:

FIRST:

MIDDLE INITIAL:

Home Address (If different from child):

City:

State:

Zip:

Home Phone: ()

Cell Phone: ()

Email Address:

Place of Employment:

Work Phone: ()

Address:

City:

State:

Zip:

EMERGENCY CONTACT INFORMATION

(Persons to contact in the event that either parent/guardian cannot be contacted)

NAME

RELATIONSHIP

CELL PHONE

ALTERNATE PHONE

EMAIL

1.

2.

I verify the above information to be correct, and I understand that 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 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 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:			

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: GLASCOCK COUNTY SCHOOL SYSTEM
738 RAILROAD AVE. GIBSON, GA 30810

SIGNATURE (Parent/Guardian): _____

DATE: _____

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.

TODAY'S DATE (M/D/Y): ____/____/____	
CHILD INFORMATION:	
Legal First Name:	Name Suffix (Jr,II,III):
Legal Middle Name:	Name Child is Called:
Legal Last Name:	
Child's Social Security # - - - - -	DOB (M/D/Y): / / Gender: M ☐ F ☐
Choose Not to Provide SSN ☐	Date enrolled in Pre-K (M/D/Y): / /
PARENT/GUARDIAN INFORMATION:	
Last Name: _____ First Name: _____	
Relationship: Mother ☐ Father ☐ Grandparent ☐ Guardian ☐ Other ☐	
Email Address: _____ Zip Code: _____	

1. Identify your child's ethnicity, regardless of race, by selecting one of the below options.

- ☐ **Hispanic/Latino** ☐ **Not Hispanic/Latino**
☐ **Decline to Answer**

Select **ONE OR MORE** of the following races regardless of how you answered question one.

2. Is your child:

- ☐ a. **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
☐ 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.
☐ 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.
☐ d. **Black or African American** – A person having origins in any of the Black racial groups of Africa.
☐ 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.
☐ f. **Decline to Answer**

3. What is your child's primary language?

- ☐ **English**
☐ **A language other than English**

3.a. Which language is spoken in the child's home (other than English)? _____

4. Was your child born as a:

- ☐ **Single Birth (1)**
☐ **Twin (2)**
☐ **Triplet (3)**
☐ **Quadruplet (4)**
☐ **Quintuplet (5)**

5. Does your child receive Special Education Services?

- ☐ **Yes** ☐ **No**

5.a. If Yes, indicate which of the following Special Education Services your child receives.

- ☐ **Individual Education Program (IEP) (Part B, Section 619, IDEA)**
☐ **504 Plan/Individual Accommodation Plan (IAP) (Section 504 of the Rehabilitation Act of 1973)**

6. Does your child receive any of the following services?

- ☐ **Childcare and Parent Services (CAPS)**
☐ **Child and Adult Care Food Program (CACFP)**
☐ **Supplemental Security Income (SSI)**
☐ **Supplemental Nutrition Assistance Program (SNAP)**
☐ **Medicaid**
☐ **Temporary Assistance for Needy Families (TANF)**
☐ **Foster Care**

7. Will the Pre-K center be providing transportation for your child?

- ☐ **Yes** ☐ **No**

Parent/Guardian Signature _____

Date _____