

**Dodge County Primary School**  
**1118 McRae Hwy.**  
**Eastman, GA 31023**  
**478-374-6691**

**Dodge County Primary Pre-K Enrollment Agreement**

I understand and agree that my child will attend the Dodge County Pre-K Program for the required six hours and thirty minutes per day, five days a week, for a total of 180 instructional days per year. I acknowledge that failure to comply with these attendance requirements may result in my child's disenrollment from the program.

I have provided appropriate documentation to verify my child's age and agree to submit any additional information necessary to complete the enrollment process for Dodge County Primary School's Pre-K Program. I further agree to abide by all policies and procedures outlined in the Dodge County Primary School Handbook.

I certify that all information I have provided, or will provide, is true and accurate. I give my consent for the information to be shared with Pre-K providers, the Georgia Department of Early Care and Learning (DECAL), Dodge County Primary School, and other authorized agencies or institutions affiliated with the Pre-K program, including but not limited to the Georgia Department of Education and colleges/universities involved in educational research or evaluation.

**Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Father**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Guardian**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Mother**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Siblings**

Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

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**Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_