

Please answer the following questions correctly so that we can place your child with a teacher who can work well with him/her. Your answers will not affect your child's acceptance.

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, including but not limited to the 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 the 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 for my application to be considered complete.

Signature and Date

