

EMERGENCY CONTACT INFORMATION *(Person to contact in the event that either parent/guardian cannot be contacted)*

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CELL PHONE</u>	<u>ALTERNATE PHONE</u>	<u>EMAIL</u>
1)				
2)				

I verify that the above information is correct, and I understand that completion of this form does not guarantee placement in the Georgia's Pre-K Summer Program. If my child is placed in the Summer Program, I agree that my child will attend the program for 6.5 hours each day, 5 days a week, for 6 weeks. I understand that failure to comply with these attendance requirements could result in disenrollment. I understand that I must provide all the necessary documentation for my child to be enrolled in the program.

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:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>

CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE):

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 the Pre-K provider, the Department of Early Care and Learning (DECAL), and certain agencies or entities contracted by the Pre-K provider or DECAL, including but not 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, including but not 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 website.

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: _____

SIGNATURE (Parent/Guardian): _____

DATE: _____

Rising K Summer Transition Program Roster Information Form

Please clearly print the name as it appears on the birth certificate. *(Por favor escriba el nombre como aparece en el certificado de nacimiento.)*

Legal Last Name <i>(Apellido)</i>									
Legal First Name <i>(Primer Nombre)</i>									
Legal Middle Name <i>(Segundo Nombre)</i>							Name Suffix <i>(Sufijo) (Jr,II,III)</i>		
Child's Social Security #				DOB <i>(Fecha de Nacimiento) (M/D/Y)</i>			Gender <i>(Sexo)</i>		
____ - ____ - ____				____ / ____ / ____			<input type="checkbox"/> M <input type="checkbox"/> F		
Date enrolled in Pre-K <i>(M/D/Y)</i>				If different from birth certificate, name student is called					
____ / ____ / ____									

1. **EVERYONE** must answer the following question. *(TODOS deben contestar la pregunta.)*

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)*

2. **EVERYONE** must 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.)*

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 Africa 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. *(Asiática – Una persona con orígenes en los pueblos provenientes del Lejano Oriente, Suroeste de Asia, o el subcontinente Hindú incluyendo, a Cambodia, 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 Africa 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.)*

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 _____



**Georgia Dept
of Early Care
and Learning**
BRIGHT FROM THE START

Summer Transition Program Agreement Form

I, _____ am committed to being involved in the education of
(Parent/Guardian Name)
my child, _____. I understand the need and benefits of my
(Child's Name)
participation in the Summer Transition Program.

Therefore, I agree to:

- Send my child to school each day for all instructional days (29 total days)
- Send my child to school on time each day.
- Be available for regular home/school visits with the Transition Coach and/or the teachers as needed.
- Participate in parent/teacher conferences as needed
- Participate in family engagement activities offered each week
- Provide all required documentation for enrolling in STP

I realize the importance of family involvement in my child's education process. I understand that I must comply with each of the above listed requirements in order for my child to remain in the program.

Signature of Parent/Guardian

Date