

Pre-K Registration Form

School Year 2020-2021

PROVIDER LEGAL NAME: Meridian Education Resource Group									
SCHOOL/SITE NAME: Whitefoord Early Learning Academy									
				<u>, </u>		•			
CHILD INFORMATION (Please print name exactly as it appears on the birth certificate.)									
CHILD'S LAST NAME:									
CHILD'S FIRS	HILD'S FIRST NAME:								
CHILD'S MIDDLE NAME:									
CHILD'S SOCIAL SECURITY#: D.O.B. (MM/DD/BY): SEX: []M []F									
HOME ADDRE	SS (Do not	enter PO Box .	Info):				COUNT	Y:	
CITY:				STAT	E: 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/GU	ARDIAN I	NFORMATIO	N						
Parent/Guardian #1 - LAST NAME:				FIRST:				MIDDLE INITIAL:	
Home Addres	s (If differ	ent from child)	:						
City:				State	e:	Zip	:		
Home Phone: ()						Cell Phone: ()			
Email Address	s:								
Place of Empl	oyment:			Work Phone: ()					
Address:									
City:				State:		Zip:			
Parent/Guard	ian #2 - LA	ST NAMF:			FIRS	ST:		MIDDLE INITIAL:	
Home Address			:						
City:	2 (27 0.770)		·	State	 2:	Zip:	<u> </u>		
Home Phone: ()			Cell Phone: ()						
Email Address	s:								
Place of Employment: Work Phone: ()									
Address:									
City:				State:		Zip:			
EMERGENCY	CONTACT	INFORMAT	ION	(Persons to	contact in	the event that	either parent	/guardian cannot be contacted)	
<u>NAME</u>	RELATIC	NSHIP	CELL	PHONE	ALTER	NATE PHONE	<u>EMAIL</u>		
1.									
2.									
my child is place prescribed by the failure to comple appropriate age	ed in Georgia he Georgia D ly with these documentati	's Pre-K Progra epartment of Eo attendance req on. I have atto	m, I ag arly Car uiremen ached a	ree that my c e and Learnin ts could result copy of appro	child will atte g and outlined t in disenrollm opriate age do	nd the program f I by the center v nent. I understar ocumentation to t	or the required where my child nd that I canno his registration		
Signature Par	ent/Guardi	an:					DA	TE:	

Meridian Education Resource Group Whitefoord Early Learning Academy

2020 - 2021 School Year

Child's Name: _ CHILD MAINTENANCE CHILD'S LIVING ARRANGEMENTS: []BOTH PARENTS []MOTHER []FATHER []OTHER CHILD'S LEGAL GUARDIAN:]OTHER []BOTH PARENTS]MOTHER |FATHER THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING: **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: