


# 2019-2020

# Pre-K Registration

GA's Pre-K is a lottery funded program for 4 year olds.

**You are  
here!**



# 1

**Step 1:  
Complete Pre-K  
Registration Form**



# 2

Step 2: Complete documents below  
required to hold spot:

1. Proof of Residency
2. Proof of Age:

\*Child must be 4 years old by 9/1/2019

3. Form 3300: Ear, Eye, and Dental
4. Immunizations Form 3231



# 3

Step 3: Required Parent Orientation on  
August 5, 2019 10:00-11:00 AM in the  
WELA Media Center.

**All 3 steps must be completed to have a reserved Pre-K slot!**

Please contact Michelle Carter at 404-802-6906 or  
[mcarter@whitefoord.org](mailto:mcarter@whitefoord.org) for more information!

[whitefoord.org/prek](http://whitefoord.org/prek)



February 18, 2019

Dear Parent or Guardian,

Thank you for choosing Whitefoord, Inc. and the Whitefoord Early Learning Academy (WELA) for your child's Pre-K year.

The Whitefoord Pre-K program is a lottery-funded Georgia's Pre-K program designed to prepare your child for success in Kindergarten and in their later school years. Our focus is school readiness and we will work together and know that your child is ready for Kindergarten when:

- possible health barriers that block learning have been detected,
- suspected physical or mental disabilities have been addressed,
- enthusiasm, curiosity, and persistence toward learning is demonstrated,
- feelings of both self and others are recognized,
- social and interpersonal skills are emerging,
- communication with others is effective,
- early literacy skills are evident, and
- a general knowledge about the world, things, places, events, and people has been acquired.

Please print out and complete the application on the following pages. **Be sure to include at least one good phone number to reach you during the day as well as an email address.** When the application is complete please either scan it and email to me at [mcarter@whitefoord.org](mailto:mcarter@whitefoord.org) or you may bring a completed copy to the Parent Center at the Whitefoord Early Learning Academy at 35 Whitefoord Avenue, Atlanta, GA, 30317.

This application is step one of three towards finalizing your child's Pre-K registration and we accept applications until all spots (44 in total) are full. If you have any questions please call me at 404-802-6906 or send an email to [mcarter@whitefoord.org](mailto:mcarter@whitefoord.org).

I look forward to partnering with you, your child, and our teachers to educate your child and prepare them for success in Kindergarten and beyond.

Sincerely,

Michelle Carter  
VP, Early Learning Programs



Please write  
the school  
year in the  
box →

# Pre-K Registration Form

2019-2020

# School Year

**PROVIDER LEGAL NAME:** Meridian Education Resource Group (This section to be completed by the provider)

**SCHOOL/SITE NAME:** Whitefoord Early Learning Academy

**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:**

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>CELL PHONE</u>
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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:** \_\_\_\_\_

**SIGNATURE (Parent/Guardian):** \_\_\_\_\_

**DATE:** \_\_\_\_\_