



2010-2011 Pre-K Registration

Newton County Schools
Georgia Lottery Funded Program

February 22- March 1, 2010

3:30 – 6:30 PM

For Registration

PRE-K REGISTRATION PACKETS ARE AVAILABLE PRIOR TO REGISTRATION AT ELEMENTARY SCHOOLS, NEWTON COUNTY'S WEBSITE (www.newtoncountyschools.org) & THE NEWTON COUNTY BOARD OF EDUCATION.

<u>LOCATIONS</u>	<u>DATES</u>
East Newton, Oak Hill & *West Newton	Monday, February 22
Livingston, Palmer Stone & Mansfield	Tuesday, February 23
Porterdale, *Ficquett & *South Salem	Wednesday, February 24
Heard-Mixon & *Live Oak	Thursday, February 25
Rocky Plains & *Middle Ridge	Monday, March 1
*Translator Provided	

Registration Checklist

The following items are required to register your child:

- ___ **Certified Birth Certificate** -- The child must be 4 years of age on or before September 1, 2010.
- ___ **Two Proofs of Residence** — One utility bill with name and address (only garbage, electric, water or gas will be accepted) **AND** a current lease, rental agreement, or Warranty Deed from the purchase of home. **If you live with someone and there is no proof of address in your name, a Statement of Legal Residence/Affidavit of Parent/Guardian is needed. Bring the affidavit completed; signed and notarized along with two proofs of residence in the name of the person who owns the property. An affidavit can be obtained from elementary schools and the Newton County Board Office. A notary will be available at registration. To use the free notary at registration, the person who owns the property must be present with the two proofs of residence.**
- ___ **Child's Social Security Card** - If you do not have a Social Security card, a waiver may be signed at the time of registration.

Additional information needed to make your child's file complete:

- ___ **Immunization Record form #3231** - This document can be obtained from a doctor or the Newton County Health Department
- ___ **Eye, Ear, Dental (EED) Screening Form #3300** – This document can be obtained from a doctor or the Newton County Health Department after the **child's fourth birthday.**

Registration must be completed by the custodial parent or legal guardian.

Developmental Screening will be available

Registration does not guarantee your child a Pre-K slot. Fully completing the registration process allows the child's name to be included in the lottery for possible selection.



NEWTON COUNTY SCHOOL SYSTEM
 2109 NEWTON DRIVE, N.E.
 P.O. BOX 1456
 COVINGTON, GEORGIA 30015

DR. R. STEVEN WHATLEY
Superintendent

PHONE
 770-787-1330

FAX
 770-787-2950

To: Parent or Guardian

From: Stephanie Hart, Pre-K Director

Date: January 18, 2010

Re: Newton County's Pre-K Registration

Thank you for your interest in Newton County's Pre-K registration scheduled for February 22 – March 1, 2010 from 3:30 – 6:30 PM. There are 540 slots to fill at thirteen elementary schools. Fairview Theme does not have Pre-K classes. We are excited that each school will hold its own registration (see below for the school in your zone). Attached is a registration packet. Please follow the directions below to enhance your registration experience.

- Complete the attached packet **before you come to registration** for a speedy registration process
 - Please print clearly
 - Provide full contact information (Lottery results will be mailed to the address listed in the packet.)
- Bring the completed packet to the school in your zone on the scheduled registration date and time.
 - If unsure about your zone, call 678-342-5929
 - An additional registration packet can be obtained from
 - Newton County Board Office or Newton County website at www.newtoncountyschools.org or School registration site
- **Custodial parent or legal guardian must be present to register the child. Legal guardian will need documentation. Registration packets dropped off at the school or board office will not be included in the lottery.**
- Bring a copy of your child's certified birth certificate **The child must be 4 years old on or before September 1, 2010.**
- Bring **two** proofs of residence
 - one utility bill with name and address (only garbage, electric, water or gas will be accepted)
 - current lease, rental agreement or Warranty Deed
 - **If you live with someone and there is no proof of address in your name, a Statement of Legal Residence/Affidavit of Parent/Guardian is needed. Bring the affidavit completed; signed and notarized along with the two proofs of residence in the name of the person who owns the property. An affidavit can be obtained from elementary schools and the Newton County Board Office. A notary will be available at registration. If you choose to have your paperwork notarized at registration, the person who owns the property must be present with two proofs of residence.**
- Bring your child's Social Security Card – If there is no Social Security Card; a waiver may be signed at the time of registration.
- Bring a picture ID for custodial parent or legal guardian
- Developmental Screening is available at each registration location.
- **Additional information needed to make your child's file complete**
 - **Immunization Record form #3231** - This document can be obtained from a doctor or the Newton County Health Department.
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Newton County School System

Special Education Department

ANNOUNCEMENT

Free Developmental Screenings Available

- Speech-Language Skills
- Self-help Skills
- Behavior
- Motor Development
- Ability to learn

*Child must be 4 years old on or before
September 1, 2010*

For screening of children 2 1/2—3 & 5 years of old contact:
Laurel A. MacLaughlin

Phone: 770-787-1330 ext. 2724 / email: mclaughlin.laurel@newton.k12.ga.us



Please write the school year in the box →

2010-2011

Pre-K Registration Form

School Year

PROVIDER LEGAL NAME: **NEWTON COUNTY SCHOOL SYSTEM** (this section to be entered by the provider)

SCHOOL/SITE NAME:

CHILD INFORMATION		(Please print name as it appears on the birth certificate.)	
LAST NAME:			
FIRST NAME:			
MIDDLE NAME:	NAME SUFFIX: (i.e. Jr, Sr, II, III)		
SOCIAL SECURITY#:	D.O.B. (MM/DD/BY):	SEX: []M []F	
HOME ADDRESS:	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		EMAIL ADDRESS:	
MOTHER'S LAST NAME:	FIRST:	MIDDLE INITIAL:	
HOME ADDRESS (If different from child):			
CITY:	STATE:	ZIP:	
HOME PHONE: ()	DAY TIME PHONE: ()		
Place of Employment:			
Address:			
City:	State:	Zip:	
FATHER'S LAST NAME:	FIRST:	MIDDLE INITIAL:	
HOME ADDRESS (If different from child):			
CITY:	STATE:	ZIP:	
HOME PHONE: ()	DAY TIME PHONE: ()		
Place of Employment:			
Address:			
City:	State:	Zip:	

EMERGENCY CONTACT INFORMATION		(Person to contact in the event that either parent/guardian cannot be contacted)	
NAME:	DAY TIME PHONE: ()		
DAY TIME ADDRESS:			
CITY:	STATE:	ZIP:	

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 the Georgia Prekindergarten Program, I agree that my child will attend the program for 6.5 hours each day, 5 days a week for the 180-day school year. 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:

NAME

ADDRESS

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 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: _____



Waiting List Information Form

Please Print Clearly -Print name as it appears on birth certificate

Child's Last Name	First Name	Middle Initial	
Last 4 Digits of SSN (Optional)	Date of Birth (M/D/Y)	Gender	
		<input type="checkbox"/> M <input type="checkbox"/> F	
Home Address	City	State	Zip
GA			
County of Residence	Date Started on Waiting List (M/D/Y)		
Parent/Guardian Name	Phone Number		

I understand that the information on this form will be submitted to Bright for the Start: Georgia Department of Early Care and Learning.

Parent/Guardian Signature

Date

YELLOW COPY

NEWTON COUNTY SCHOOLS

KINDERGARTEN AND PRE-KINDERGARTEN PARENT QUESTIONNAIRE (Complete ONLY if registering a student for Pre-Kindergarten or Kindergarten for THE 2010-2011 SCHOOL year.) Form SHOULD ONLY BE COMPLETED ONCE—AT THE BEGINNING OF PRE-KINDERGARTEN OR AT THE BEGINNING OF KINDERGARTEN (if child did not attend Pre-K in the Newton County School System)

Child's Full Name _____ Age _____ Male _____ Female _____

Address _____ Date of birth _____

Which of the following services are you presently receiving, if any? Check all that apply.

_____ Medicaid _____ TANF _____ Food Stamps _____ SSI _____ PeachCare _____ CAPS

Have you applied for pre-kindergarten anywhere else? _____ If so, where? _____

Do you have guardianship or custody of the child who you are registering for pre-kindergarten? _____

If so, how is this child related to you? _____

Do you get your child's immunizations at the Newton County Health Department? _____

If not, where do you get your child's immunizations? _____

Any problems during pregnancy or delivery? _____

At birth was the child _____ Full Term _____ Premature Birth weight _____ pounds _____ ounces

Behavior and Family Interaction

How is the child disciplined? _____ For what is he/she disciplined? _____

Are there any family problems which might affect your child's school success? _____

Do you have special concerns about this child? _____

Has your child ever attended pre-school? _____ Head Start? _____ Nursery? _____

Where? _____

Developmental History **(If guess, label as such)**

Give Age:

When did this child: Sit? _____ Crawl? _____ Walk? _____ Use Words? _____ Talk in sentences? _____ Feed self? _____

Dress self? _____ When was the child weaned? _____ Is the child toilet trained? _____ When was child toilet trained? _____

Does the child perform the following? Mark one by placing an "X" under the best answer:

	Often	Sometimes	Rarely
Talk a lot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Seems to speak as well as other children the same age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Speak so you can understand him or her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Speak so other adults understand him or her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Speak so other children understand him or her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the child does not talk, doe he or she (mark one):

- | | | | |
|---------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Make any sounds? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Use gestures to communicate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

What language(s) is spoken most frequently in the home? _____

Medical Information

_____ Asthma _____ Sinus trouble _____ Thumb sucking _____ Heart trouble
_____ Indigestion _____ Allergies _____ Nail biting _____ Frequent fevers
_____ Diarrhea _____ Vomiting _____ Nose bleeding _____ Headaches
_____ Constipation _____ Difficulty seeing _____ Overtired or lacking pep _____ Epilepsy/seizures
_____ Nightmares _____ Difficulty hearing _____ Bed wetting

_____ Other physical problems (Explain): _____

Hearing problems: _____

Vision problems: _____

Childhood diseases: _____

Hospitalization: _____

Serious injuries: _____

Allergies: _____

Family Doctor: _____

(Name)

(Telephone Number)

(Address)

Is this child currently on medication? _____ No _____ Yes (If yes, describe) _____

I UNDERSTAND THAT WITHIN 30 DAYS OF ENROLLMENT, I MUST SUBMIT MY CHILD'S HEALTH SCREENING.

DATE: _____ **SIGNATURE:** _____

I UNDERSTAND THAT THIS APPLICATION DOES NOT GUARANTEE MY CHILD'S PLACEMENT IN THE PRE-KINDERGARTEN PROGRAM.

DATE: _____ **SIGNATURE:** _____