

## 2020-2021 PRE-K REGISTRATION FORM



Atlanta School of Excellence  
180 Memorial Drive SW  
Atlanta, GA 30303  
404-581-9545  
[atlschool.com](http://atlschool.com)

My child will need Before-care: Yes [ ] No [ ], After-care only: Yes [ ] No [ ], Before & Aftercare: Yes [ ] No [ ]

**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:	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

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:

NAME	ADDRESS	RELATIONSHIP	CELL PHONE

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.

Atlanta School of Excellence - 180 Memorial Drive SW, Atlanta, GA

PRE-K PROVIDER NAME/ADDRESS: \_\_\_\_\_

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

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



Atlanta School of Excellence 180  
Memorial Drive SW Atlanta, GA  
30303

404-581-9545  
[atlschool.com](http://atlschool.com)

## 2020-2021 Enrollment Requirements

Please note that starred items are available to downloadable on under the tab Enrollment Documents.

- ☐ NEW STUDENT APPLICATION \* (completed and signed – 2 pages)
- ☐ AFFIDAVIT OF RESIDENCY \* signed and *notarized* (GA Pre-K Only)
- ☐ PARENTAL/LEGAL GUARDIAN PHOTO IDENTIFICATION
- ☐ DEED/MORTGAGE STATEMENT or LEASE/RENTAL AGREEMENT (*lease /rental agreement should be signed and notarized by parent/guardian and residency owner along with other supporting documents*)- (GA Pre-K Only)
- ☐ GEORGIA POWER BILL with your APS zoned address (current within 30 days of enrollment)
- ☐ **TWO ADDITIONAL SUPPORTING DOCUMENTS IN YOUR NAME SHOWING THE RESIDENCE PROPERTY ADDRESS (if parent/legal guardian's name is not on Deed, Mortgage, Lease/Rental Agreement & GA Power Bill) (GA Pre-K Only)**
- ☐ BIRTH CERTIFICATE (original – copies will be made) (GA Pre-K Only)
- ☐ CERTIFICATE OF IMMUNIZATION (Form 3231) - Georgia state law requires a valid Certificate of Immunization OR Affidavit of Religious Objection. The certificate of immunization must be completed by the health department or your private physician. A valid Form #3231 **must be marked with either "Date of Expiration" or as "Complete for School Attendance"; a certificate marked with a "Date of Expiration" expires on the date indicated; a current certificate must be submitted within 30 days of expiration.)**
- ☐ CERTIFICATE OF EAR, EYE AND DENTAL EXAM – (Form 3300) - ***dated within the last year of applying; please ensure there is a signature by each section*** – This form is available from the health department or your physician and dentist. If completed within the last 12 months, a letter from the appropriate healthcare professionals and out-of-state certificates are acceptable stapled to the state form. (GA Pre-K Only)
- ☐ SSN (copy or Statement of Objection Form) (GA Pre-K Only)
- ☐ PROOF OF LEGAL GUARDIANSHIP (bring most current if applicable)
- ☐ PROOF OF LEGAL CUSTODY (bring most current if applicable)
- ☐ Payment for Happi Nappi
- ☐ Payment for Enrollment

## PARENT/GUARDIAN HEREBY ACKNOWLEDGES AND AGREES TO THE FOLLOWING:

Late Pick-Up Fees: I understand that there is a \$1.00 per minute/per child fee at 2:30 p.m. I further understand that after 3:00 p.m. there is a flat rate of \$25.00 per child. After 6:00 p.m. the late pick-up rate is \$2.00 per minute per child. I understand that the fee must be paid upon pick-up, not to exceed the next tuition payment.

\_\_\_\_\_ (Initial)

Uniforms: I understand that Atlanta School of Excellence (ASOE) is a uniformed school which consists of a red polo shirt and Khaki pant/skirt. All polo shirts must have the Atlanta School of Excellence logo, can be purchased at School Zone 5400 River Station Blvd. Suite 106-108 College Park, GA 30349 (470)488-1533. I understand that Khaki pants/skirts are not sold by ASOE.

Light up Shoes, beads, or open toe shoes are not permitted at ASOE.

\_\_\_\_\_ (Initial)

Breakfast/Lunch/Snacks: I understand that breakfast is served from 8:00 a.m. to 8:30 a.m., a hot lunch and an afternoon snack (for all students one and older). I understand that if my child is not at Atlanta School of Excellence by the time breakfast is served, he/she should be fed prior to coming inside of the school. Please **do not** send your child into the classroom with food, as this may affect the other students.

\_\_\_\_\_ (Initial)

Arrival Time: I understand that my child must be at Atlanta School of Excellence by 8:00 a.m., no exceptions. If my child arrives at school after 8:00 a.m. there must be a doctor's excuse presented. (If my child receives immunization shots, he/she must remain absent for 24 hours).

\_\_\_\_\_ (Initial)

Sick Policy: I understand that Atlanta School of Excellence cannot permit children with communicable diseases to attend or remain in school. A child with a fever over 100 degrees, diarrhea, vomiting or nausea must not attend or remain in school. I understand that if my child is ill, including, but not limited to a severe cough or sore throat; undetermined rash or spots; boils; congestion; non-clear, runny nose; pink eye; head lice; and severe headaches, he/she cannot be accepted into the school until symptoms have been absent for 24 hours.

I understand that in the case that I am called, I agree that my child will be picked up within one (1) hour.

\_\_\_\_\_ (Initial)

School Closings: Atlanta School of Excellence (ASOE) closes when there is inclement weather reported for City of Atlanta School System/City of Atlanta Government; I understand that ASOE will be closed the full day (unless otherwise noted) on the following dates and that no discounts, credits or deductions are given for school closings. (Initial), If student has been enrolled for a year, vacation can be applied. (please email request)

Labor Day	Thanksgiving Eve (closes at noon)	Thanksgiving Day	The day after Thanksgiving	Christmas Eve	Christmas Day	The day after Christmas	New Year's Eve (closes at noon)
New Year's Day	Martin Luther King, Jr.'s Birthday	President's Day	Memorial Day	Independence Day	Third Week in July/Staff Development	Good Friday April 9th -10th	½ Day Pre-K Step Up Day (May)

### HEALTH INSURANCE INFORMATION:

Physician's Name: \_\_\_\_\_ at (hospital/clinic/office) \_\_\_\_\_

Phone Number: \_\_\_\_\_ Medical Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Medical Insurance Carrier: \_\_\_\_\_

## PARENT/GUARDIAN HEREBY ACKNOWLEDGES AND AGREES TO THE FOLLOWING:

I understand and acknowledge that I have been informed in writing by Atlanta School of Excellence that this facility does not carry liability insurance sufficient to protect my child in the event of injury, accident, including death. \_\_\_\_\_ (Initial)

Medical Attention: I hereby authorize any licensed physician or medical facility to treat my child in the event of an emergency and in the event parent/guardian cannot be reached and will hold Atlanta School of Excellence harmless in the event of such an emergency. I give my permission to the medical personnel selected by Atlanta School of Excellence to secure emergency medical treatment, including, but not limited to, first aid, CPR, admission to any hospital, tests, surgery or general anesthesia, so long as care is provided by persons or facilities licensed in the state in which such treatment is rendered.. I further acknowledge that any medical treatment ordered is my financial responsibility and not that of Atlanta School of Excellence, or any of its agents, employees or volunteers. \_\_\_\_\_ (Initial)

External Childcare: Atlanta School of Excellence strongly discourages its staff from providing any child care services that are not a part of the child care program offered by Atlanta School of Excellence to our customers. While we cannot prohibit our staff from engaging in such outside activities, we want you to understand that if such outside services are performed for you or on your behalf by an Atlanta School of Excellence staff member. Atlanta School of Excellence shall NOT be held responsible for any acts or omissions of an Atlanta School of Excellence staff member while providing such services to you. \_\_\_\_\_ (Initial) I understand that staff is not permitted to keep students after ASOE hours.

Photography: With intent to be legally bound, I give permission to Atlanta School of Excellence to photograph my son/daughter (photo's will be used for students portfolio, website and school's social media page) and use the resulting photographs for any purpose Atlanta School of Excellence deems proper in accordance to the law and I relinquish all rights, title and interest in finished photographs and negatives. \_\_\_\_\_ (Initial)

Tuition and Fees: All fees and tuition for childcare will be paid on Friday by 6:00 P.M.. for the upcoming week. I understand that if fees and tuition for child care are not paid for on Friday by 6 pm. an initial late charge of \$30.00 will automatically be charged to my account. Students must have a zero balance by Tuesday in order to receive services. Should the fee become delinquent by one (1) week, immediate withdrawal of my child will be required and I, parent/guardian, will pay a penalty of two (2) weeks tuition to Atlanta School of Excellence. Every family must fill out and return the attached Tuition Express authorization form. There will be no fee charged for ACH payments, however all credit cards will have a (3% bank fee added). When tuition or enrichment fees are due, your account will be billed. Payment can be made by check or credit card prior to the due date. All payments made with a credit card will be billed a 3% fee.

Nonpayment is considered theft of services. Atlanta School of Excellence will aggressively pursue collection of debts through appropriate legal action. Parents are responsible for full tuition after the date of the letter of withdrawal (must provide a two week notice), I understand that registration is non-refundable. An annual fee of \$115 is due by the first Monday in April for every school year. The fee is due for each child registered. If the fee is not paid there will be an automatic withdrawal. Further, if my child is withdrawn without two weeks' notice, I acknowledge that a penalty fee will be assessed equivalent to two weeks of tuition. \_\_\_\_\_ (Initial)

Absentee Policy: I understand that if my child is absent, I will be held responsible for full tuition (100%) of my weekly fee. I understand 0-5 days is full tuition. I understand that no credit for tuition will be given when Atlanta School of Excellence is closed due to severe weather conditions or holidays. \_\_\_\_\_ (Initial). Before & After is due for 0-5 days attended.

**ACKNOWLEDGEMENT OF POLICIES & GUIDELINES:** By signing below, I acknowledge that I have read the above information, and I understand the policies and guidelines of the program and I agree to abide by them. Should I have any questions or concerns, I will contact the Director. I understand that the staff makes every effort to provide a quality program, but additionally it is important that participants and parents follow all rules, guidelines and procedures in order for the program to be a successful experience for all. I also acknowledge that I have received a Parent Handbook. (website)

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF ATLANTA SCHOOL OF EXCELLENCE :** \_\_\_\_\_ **DATE:** \_\_\_\_\_



Georgia Department of Public Health  
Form 3300

**Certificate of Vision, Hearing, Dental, and Nutrition Screening**  
FILE THIS FORM WITH THE SCHOOL WHEN YOUR CHILD IS FIRST ENROLLED IN A  
GEORGIA PUBLIC SCHOOL SCREENER CONTACT INFORMATION IS REQUIRED

**PLEASE SEE THE  
INSTRUCTIONS ON THE  
BACK OF THIS FORM**

**Parent/ Guardian Name:** \_\_\_\_\_  
first middle last

**Parent/ Guardian Contact Information:**  
Daytime phone number: \_\_\_\_\_  
Evening phone number: \_\_\_\_\_  
Cell phone number: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_  
first middle last

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Gender:** ☐ Male ☐ Female

**Child's Home Address:** \_\_\_\_\_  
street city state zip code county

VISION	HEARING	DENTAL	NUTRITION
<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Uses corrective lenses <input type="checkbox"/> Worn for testing	<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Uses hearing aid / assistive device	<input type="checkbox"/> Unable to screen (explain why below)	<input type="checkbox"/> Unable to screen (explain why below)
<input type="checkbox"/> Passed (20/30 in each eye for age 6 and above, 20/40 in each eye for below age 6) <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Under professional care (explain below)	<input type="checkbox"/> Passed at 500, 1000, 2000, and 4000 Hz with audiometer at 20 or 25 dB <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Under professional care (explain below)	<input type="checkbox"/> Normal appearance <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Emergency problem observed <input type="checkbox"/> Under professional care (explain below)	Height: _____ Weight: _____ BMI: _____ BMI%: _____ <input type="checkbox"/> 5 <sup>th</sup> to 84 <sup>th</sup> percentile - Appropriate for age <input type="checkbox"/> < 5 <sup>th</sup> percentile - Needs further evaluation <input type="checkbox"/> ≥ 85 <sup>th</sup> percentile - Needs further evaluation <input type="checkbox"/> Under professional care (explain below)
<b>Screening completed by:</b> <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Optometrist <input type="checkbox"/> "Prevent Blindness Georgia" employee <input type="checkbox"/> School Registered Nurse	<b>Screening completed by:</b> <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Audiologist <input type="checkbox"/> Speech-Language Pathologist <input type="checkbox"/> School Registered Nurse	<b>Screening completed by:</b> <input type="checkbox"/> Physician <input type="checkbox"/> Dentist <input type="checkbox"/> Local Health Department Registered Nurse <input type="checkbox"/> Registered Dental Hygienist <input type="checkbox"/> School Registered Nurse	<b>Screening completed by:</b> <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Registered Dietician <input type="checkbox"/> School Registered Nurse
<b>Screener's Signature</b> _____ <b>Date</b> _____ <i>I certify that this child has received the above screening.</i> <b>Contact Information:</b>	<b>Screener's Signature</b> _____ <b>Date</b> _____ <i>I certify that this child has received the above screening.</i> <b>Contact Information:</b>	<b>Screener's Signature</b> _____ <b>Date</b> _____ <i>I certify that this child has received the above screening.</i> <b>Contact Information:</b>	<b>Screener's Signature</b> _____ <b>Date</b> _____ <i>I certify that this child has received the above screening.</i> <b>Contact Information:</b>

FOR SCHOOL SYSTEM ONLY Follow up for further evaluation				Screeners' Comments:
	1 <sup>st</sup> attempt	2 <sup>nd</sup> attempt	Actions reported (if any)	
Vision				
Hearing				