

**Vidalia City Schools
Pre-K Application 2019/20**

Child's Name: _____

Date: _____

1. **Birth Certificate – certified copy** – This must be provided at the time of registration in order to secure a spot. The student must be four years old by September 1, 2019. Birthday must fall between September 2, 2014 and September 1, 2015.
2. **Social Security Card** – This must be provided at the time of registration.
3. **Proof of Residency** - This must be provided at the time of registration. Examples of proof of residency include: current lease, property tax notice, homeowner's insurance bill, mortgage statement, current vehicle registration form, letter from shelter, letter from employer if employer provides housing, any utility bill listing the residence as the service address, current Peach Care eligibility documents for the child. A cell phone bill or a driver's license is **not** acceptable proof of residency. If a student's family is living with someone else, parents should provide a notarized affidavit from the property owner stating where the child's family is residing, plus a copy of the property owner's proof of residency.
4. **Immunization Certificate** – Form 3231 from Health Department or Doctor
5. **Eye, Ear and Dental Certificate** – Form 3300 from Health Department or Doctor
6. **Medicaid or Peach Care Card** – copy

Students residing within the Vidalia City Limits will have first priority for the Pre-K Program.

Please return this application to: J. D. Dickerson Primary School
800 North Street East
Vidalia, GA 30474

If you have any questions, please call (912) 537-3421.

I/We agree.....

That my child may participate in all health activities of which immunization, vision, hearing, dental, physical examinations or follow-up treatments are given as part of the school program. **Yes** **OR** **No**

That in case of emergency, I give my permission for the Pre-K staff to secure medical care, if parents/guardians cannot be immediately contacted. **Yes** **OR** **No**

My child may go on all field trips taken by the Pre-K Program by bus or walking. I understand I will receive information on these field trips. **Yes** **OR** **No**

Parents are encouraged to participate in parent meetings (children are not required to attend), field trips, classroom activities and teacher conferences twice a year. There will be a minimum of two conferences per year. Please support your child and his/her teachers. **Parents must agree to send the child to the Pre-K Program for the full instructional time. The Pre-K Program will follow the same schedule as all schools in the Vidalia City School System.**

To give the Pre-K Program permission to copyright and publish photographs or videos for educational material if needed. **Yes** **OR** **No**

Parent Signature: _____

Date: _____

Enrollment Application

Child's Legal Name _____

Date of Birth ____/____/____ Child's Social Security # ____-____-____

Race _____ Child's Sex female male Language _____

Parent/Guardian Name _____

Street Address _____ Mailing Address _____

City _____ State _____ Zip _____

Home Telephone # _____ County _____

Do you reside in the city limits of Vidalia, Georgia: yes no

Parent / Guardian Information

1. Name _____

Employed yes no If yes, list place of employment _____

Work # _____ Cell# _____ Grade completed _____

2. Name _____

Employed yes no If yes, list place of employment _____

Work # _____ Cell# _____ Grade completed _____

E-Mail address _____

How will your child be transported to and from school? *Check one* Bus Car Walking w/ Adult

Do you receive Temporary Assistance for Needy Families? yes no

Do you receive Food Stamps? yes no

Please check below one of the following if it applies to your child:

Private Insurance Medicaid Peach Care

EMERGENCY CONTACT – In the event of an emergency, whom may we contact if the parents are unavailable? It will be your responsibility to inform us of any changes (i.e. new address / telephone numbers)

1. Name _____ Telephone # _____
Address _____ City/State _____
2. Name _____ Telephone # _____
Address _____ City/State _____
3. Name _____ Telephone # _____
Address _____ City/State _____

The names listed below will be the **ONLY** individuals allowed to pick up your child. It will be your responsibility to inform us of any changes.

1. Name _____ Telephone # _____
Address _____ City/State _____
2. Name _____ Telephone # _____
Address _____ City/State _____
3. Name _____ Telephone # _____
Address _____ City/State _____

Please list any individuals you do not want us to contact or release the child to:

1. _____
2. _____
3. _____

Name of child's doctor _____ Telephone # _____

If Parents are employed, who takes care of the child before and/or after school?

Name Telephone # Relationship

Has your child ever received Babies Can't Wait Services? yes no

If so, what type service did your child receive? Speech, Occupational Therapy, Physical Therapy, or other _____

Does your child have any special needs? If so, please explain _____

Has your child been diagnosed with any of the following:

If so, please check the one(s) that apply to your child

<input type="checkbox"/>	Attention Deficit Disorder
<input type="checkbox"/>	Attention Deficit Hyperactivity Disorder
<input type="checkbox"/>	Asperger's Syndrome
<input type="checkbox"/>	Autism
<input type="checkbox"/>	Behavioral Disorder
<input type="checkbox"/>	Blindness
<input type="checkbox"/>	Deafness
<input type="checkbox"/>	Down's Syndrome
<input type="checkbox"/>	Emotional Disorder
<input type="checkbox"/>	Fragile X Syndrome
<input type="checkbox"/>	Hearing Impairment
<input type="checkbox"/>	Mental Retardation
<input type="checkbox"/>	Sensory Integration Disorder
<input type="checkbox"/>	Specific Learning Disability
<input type="checkbox"/>	Visual Impairment / Disorder
<input type="checkbox"/>	Other
<input type="checkbox"/>	Other
<input type="checkbox"/>	Other

Do you suspect that your child has a disability? yes no

If you suspect your child has a behavioral or learning problem, please explain: _____

HELPFUL INFORMATION

RIDING THE BUS

- Transportation regulations call for the presence of an adult at the bus stop in the morning and in the afternoon when your four-year-old rides the bus.
- If your child has a bus change, please contact your child's teacher or the school office as soon as possible.
- Pre-Kindergarten students are expected to follow all bus rules.

CAR RIDERS

- If your child is a car rider, you must bring him/her to the Pre-K wing for drop off and pickup. If your child is late, please walk him/her to the classroom.
- Pre-K car riders are dismissed at 2:35 p.m. If your child is not picked up by 3:00, he/she will be taken to the After School Program. You will be responsible for paying a fee when you pick up your child.

WALKING TO SCHOOL

- If your child walks to and from school, an adult must accompany them to and from the classroom.

BOOK BAGS

- Your child should bring a book bag to school every day. This provides a great way to communicate. Check the book bag daily for any papers your child may bring home.
- Any type of book bag is acceptable. Just make sure it is not too big for our little ones to carry comfortably and safely.

PARENT PARTICIPATION

- Parents are highly encouraged to participate in their child's Pre-K activities. These include chaperoning field trips (when appropriate), volunteering in the class, visiting the class and attending school events.

ATTENDANCE

- Daily attendance for your four-year-old is very important. We would not want your child to miss out on any of the exciting and interesting activities. Unfortunately, repeated absences and/or tardiness can result in removing your child from the program.
- The school day begins at 7:50 a.m. and ends at 2:30 p.m. The tardy bell rings at 8:00 a.m. Please make every effort to have your child at school on time.

UPDATED PHONE NUMBERS and PROOF OF RESIDENCY

- If you change your phone number during the school year, it is your responsibility to inform the school of your new number. If you move during the school year, you must complete a new Pre-K Registration Form and provide a new proof of residency.