

# ***Oma's Learning Center & Daycare***

1345 W. Hill Ave. / Valdosta, Ga 31601

Telephone Number 229-247-2313

Fax Number 229-245-7726

**Enclosed is your 2020-2021 Free Georgia Pre-K Registration information.**

**Please complete and return with the documents listed below.**

Birth Certificate

Social Security Card

Immunization Record (Form 3231)

Eye Ear and Dental (Form 3300)

Proof of Residence (Lease or Utility Bill in Parent's Name)



Please write the school year in the box →

# Pre-K Registration Form

## 2020-2021 School Year

**PROVIDER LEGAL NAME:** Oma's Learning Center (This section to be completed by the provider)

**SCHOOL/SITE NAME:** Oma's Learning Center

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

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

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**2019-2020** Georgia State Funded Pre-K Enrollment Contract

I understand and agree to the following:

- A.** To enroll my child in the state –funded Pre-K he/she must be four years of age by **September 1<sup>st</sup>, 2020** and must be a Georgia resident. The first day of class will be **August 6<sup>th</sup>, 2020** and the last day of class will be **May 21<sup>st</sup>, 2021.**
- B.** That I am to provide an Immunization Form 3231 and an Eye, Ear, and Dental Examination form 3300.
- C.** This program is offered Monday- Friday 8:00a.m. to 2:30 p.m. Chronic tardiness is not allowed and regular attendance is mandatory. BFTS defines chronic absenteeism as **“missing more than 2 days per month without medical or other reasonable explanation.”** A list of children missing more than 20 days without medical excuses will be turned over to BFTS for review. I agree to inform the center if my child shall be absent one or more days. I have received a copy of the school calendar and am aware of the days my child will not have to attend the pre-k program.
- D.** That I may purchase before and after care at a rate of \$65.00 per week. Before care is prior to 7:45 a.m. and after care is beyond 2:30p.m. A non- refundable registration fee of \$60.00 is required for these additional services. During holidays if my child needs childcare services and are enrolled in the before and after care program the cost will be an additional \$10.00 per day. Children not enrolled in before and after school care that may need one day of extended services will be charged \$15.00 per day if space is available. During holidays if my child needs childcare services and they are **not** enrolled in the extended care services the drop-in rate will be \$35.00 per day.
- E.** That I will pick up my child no later than 2:45 p.m. or I agree to pay a \$5.00 late fee for each additional 15 minutes after the designated time.

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Date: \_\_\_\_\_

**This is to certify that I give permission for Oma's Learning Center & Daycare to transport my child on field trips.**

Child's name: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_

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## **EXTENDED DAYCARE SERVICES**

**My child \_\_\_\_\_ will/ will not need extended daycare services.**

**Thank you,**

**Sam Byrdsong**

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## **POLICIES AND PROCEDURES**

Your child's tuition is due on Mondays at the beginning of the week. If you are paying by check, please make the check out to Oma's Learning Center. All accounts not paid on Monday by 6:00, will incur a late fee of \$5.00 if paid Tuesday, Wednesday or Thursday. If you pay on Friday, it is a \$10.00 late fee. A service charge of \$25 will be charged for each returned check.

The center will be closed for the following holidays: New Year's Day, Martin Luther King Jr. Day, Memorial Day, 4<sup>th</sup> of July, Labor Day, Thanksgiving, and Christmas. A full week tuition will be due on these weeks.

If your child is enrolled in the Before/Afterschool Program and your child will not be attending during school holidays, there will be a \$25.00 charge per week. Children attending full-time during holidays will be charged a full-time weekly rate or \$10.00 extra per day. If your child misses a week, there will be a \$25 holding fee.

There will be a \$65.00 per child non-refundable registration fee charged at the time of enrollment. And every year in March an annual fee of \$65 is due.

The center is licensed for children 6-week through 12-years of age. Hours of operation are Monday thru Friday 6:00a.m until 12:00a.m. If your child is not picked up by 6:00pm if they are daily children, there will be a late pick-up fee of \$5.00 after the first 5 minutes and then \$5 after every 5 minutes until the child is picked up. This fee will be due at pick-up.

Parents are responsible for maintaining current and accurate information at the center. Any changes in telephone numbers, addresses, forms, records, applications, etc. must be furnished to the center in writing immediately. All of the children's belongings (clothing, bottles, baby food, baby wipes, etc.) must be marked with their first and last names. Please make sure that you leave an extra set of clothing in the center at all times.



Please read, sign, and return

I have read and received a copy of the policies and procedures for Oma's Learning Center and Daycare.

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_



## Georgia's Pre-K Program 2019-2020 Roster Information Form

This form is to be completed after school starts, not at the time of registration. **Please clearly print** the name as it appears on the birth certificate. *(Por favor escriba el nombre como aparece en el certificado de nacimiento.)*

<b>Legal Last Name (Apellido)</b>		
<b>Legal First Name (Primer Nombre)</b>		
<b>Legal Middle Name (Segundo Nombre)</b>		<b>Name Suffix (Sufijo) (Jr, II, III)</b>
<b>Child's Social Security #</b>	<b>DOB (Fecha de Nacimiento) (M/D/Y)</b>	<b>Gender (Sexo)</b>
-- / -- / --	/ /	<input type="checkbox"/> M <input type="checkbox"/> F
<b>Date enrolled in Pre-K (M/D/Y)</b>		<b>If different from birth certificate, name student is called</b>
/ /		

1. Is your child's ethnicity **Hispanic/Latino/Spanish Origin**, regardless of race? *(¿Es Ud. Hispano/Latino o de Origen Hispano, sin importar la raza?)*

**Yes (Si)**    **No (No)**    **Decline to Answer (negarse a contestar)**

Please select **ONE OR MORE** of the following races regardless of how you answered question one. *(**TODOS** deben seleccionar **UNA O MAS** de las siguientes razas sin importar cómo haya contestado la primera pregunta.)*

2. Is your child:

a. **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. *(Blanco – Una persona que tiene orígenes en los pueblos provenientes de Europa, el Medio Oriente, o África del Norte.)*

b. **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. *(Asiática – Una persona con orígenes en los pueblos provenientes del Lejano Oriente, Suroeste de Asia, o el subcontinente Hindú incluyendo, a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, Las Filipinas, Tailandia, y Vietnam.)*

c. **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. *(Nativo de Hawaii u Otra Isla del Pacífico – Una persona con orígenes en los pueblos provenientes de Hawaii, Guam, Samoa, u otra Isla del Pacífico.)*

d. **Black or African American** – A person having origins in any of the Black racial groups of Africa. *(Negro o Afro Americano – Una persona con orígenes en los pueblos provenientes del África o en grupo racial Negro.)*

e. **American Indian or Alaskan Native** – A person having origins in any of the original peoples of North and South America including Central America, who maintains a tribal affiliation or community attachment. *(Indio Americano o Nativo de Alaska – Una persona con orígenes en los pueblos provenientes de América Del Norte y del Sur, incluyendo América Central, que mantiene una afiliación tribal o comunitaria.)*

f. **Decline to Answer (negarse a contestar)**

3. What is your child's primary language? *(¿Cuál es el idioma primario de su hijo(a)?)*

**English (Inglés)**

**A language other than English (Un idioma diferente al Inglés)**

4. Was your child born as a: *(El parto en que Ud. tuvo a su hijo(a) fue de:)*

**Single Birth (1) (Un sólo niño)**

**Twin (2) (De mellizos)**

**Triplet (3) (De trillizos)**

**Quadruplet (4) (De cuatrillizos)**

**Quintuplet (5) (De quintuples)**

5. Does your child have an Individualized Education Plan (IEP)? *(¿Tiene su hijo(a) un Plan de Educación Individualizada (IEP)?)*

**Yes (Si)**    **No (No)**

6. Does your child receive any of the following services? *(¿Recibe su hijo(a) alguno de estos servicios?)*

**Childcare and Parent Services (CAPS) (child care subsidy program)**

**Food Stamps (Cupones de Alimentos)**

**SSI**

**Medicaid**

**Temporary Assistance for Needy Families (TANF)**

7. Will the Pre-K center be providing transportation for your child? *(¿Recibirá su hijo(a) transporte en el Centro donde va a asistir a Pre-K?)*

**Yes (Si)**    **No (No)**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_