

**Georgia Southwestern State University
Early Childhood Development Center
Preliminary Enrollment Form**

Please circle the school year you wish to enroll your student:

2015-2016

2016-2017

2017-2018

2018-2019

2019-2020

STUDENT INFORMATION

Last Name	First Name	Middle Name
Social Security # _____ - _____ - _____	Date of Birth (MM/DD/YY) _____ / _____ / _____	Gender () M () F
Race/Ethnicity: () Asian () African American () Hispanic () Native American () White		
Mailing Address:		
	City	State Zip Code
Telephone Number: (____) - _____ - _____	Student Lives With: () Both Parents () Father () Mother () Other	

PARENT/GUARDIAN INFORMATION – Please not if you are: **GSW University Faculty** or **GSW University Staff**
(please circle, if applicable)

Last Name (Father)	First Name	Middle Name
Mailing Address:		
	City	State Zip Code
Telephone Number: (____) - _____ - _____	Alternate Telephone Number (____) - _____ - _____	
Last Name (Mother)	First Name	Middle Name
Mailing Address: (if different)		
	City	State Zip Code
Telephone Number: (____) - _____ - _____	Alternate Telephone Number (____) - _____ - _____	

I have received a copy of the enrollment procedure and policy of the Georgia Southwestern State University Early Childhood Development Center (see below). I understand my completion of this form **does not** guarantee enrollment for my student. It is my responsibility to notify the Director of the Early Childhood Development Center of any change in address or other contact information that may occur. If at any time a decision is made not to utilize the Early Childhood Development Center of Georgia Southwestern State University before official enrollment for the school year of which my student will attend, I will contact the director of the program and have my student's name removed from the potential class list.

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY

**Georgia Southwestern State University
Early Childhood Development Center
Registration and Enrollment Procedure**

The registration and enrollment policy and procedure for the Georgia Southwestern State University Early Childhood Development Center is as follows: **Students must meet the following criteria:**

Four years of age by September 1st of the school year in which the student will enter school.

- ✓ Resident of Georgia
- ✓ Provide a copy of the child's birth certificate
- ✓ Provide an up-to-date Immunization Form (Georgia DHR Form 3231)
- ✓ Provide an up-to-date Eye, Ear and Dental Form (Georgia DHR Form 3300)
- ✓ Provide a copy of the child's social security card

Parents/Guardians wishing to place a student on the waiting list for the Early Childhood Development Center must provide the following:

- ✓ Completed Preliminary Enrollment Form

Student will be enrolled in the program based on the following hierarchy:

- ✓ Students of Georgia Southwestern State University faculty, staff and students
- ✓ Students on waiting list
 - Based on date Preliminary Enrollment Form is received in office of Georgia Southwestern State University School of Education
- ✓ Students enrolled during open enrollment period

The State of Georgia will no longer allow any students who turn 4 years of age after the cut-off date of September 1st, but before December 31st, to be admitted into the program.

Date form received: _____

Received by: _____