

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

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

2008-2009

2009-2010

2010-2011

2011-2012

2012-2013

**STUDENT INFORMATION**

Last Name	First	Middle
Social Security #	Date of Birth (M/D/Y)	Gender
____-____-____	____/____/____	( ) M ( ) F
Race/Ethnicity:		
( ) Asian ( ) African American ( ) Hispanic ( ) Native American ( ) White ( ) Multi-racial		
Mailing Address	City	State Zip Code
Phone Number	Student lives with:	
(____) _____-_____	( ) Both parents ( ) Father ( ) Mother ( ) Other	

**PARENT/GUARDIAN INFORMATION – Please note if University Faculty/Staff/Student**

Last Name (Father)	First	Middle
Mailing Address	City	State Zip Code
Phone Number	Work/Alternate Phone Number	
(____) _____-_____	(____) _____-_____	
Last Name (Mother)	First	Middle
Mailing Address (If different)	City	State Zip Code
Phone Number (If different)	Work/Alternate Phone Number	
(____) _____-_____	(____) _____-_____	

**PLEASE COMPLETE REVERSE SIDE**

*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 that 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 GSW 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

Date Form Received \_\_\_\_\_

Received By \_\_\_\_\_

**GSW State University**  
**Early Childhood Development Center**  
**Registration and Enrollment Procedure**

The registration and enrollment policy and procedure for the GSW State University Early Childhood Development Center is as follows:

Students must meet the following criteria:

- Four years of age by September 1<sup>st</sup> of the school year in which the student will enter school
- Resident of GA
- Provide copy of birth certificate
- Provide up to date Immunization Form (GA DHR Form 3231)
- Provide up to date Eye, Ear, and Dental Form (GA DHR Form 3300)

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.

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

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

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