



BUTLER COUNTY SCHOOLS
BRIGHT BEGINNINGS PRE-K
ENROLLMENT AND FAMILY INFORMATION FORM

For Office Use Only
Immunization Card:
Birth Certificate:
Social Security Card:
2 Proofs of Residence:
Other:

Please Print

\*Children must be 4 years old by September 1, 2016 to be eligible for the 2016-2017 school year

This form is for the purpose of enrolling in Bright Beginnings Pre-K Date:

Select Location: Greenville Georgiana McKenzie

STUDENT INFORMATION

Student's Legal Name: First Middle Last Jr/III/etc

Preferred Name: Date of Birth: Home Phone:

SSN: Gender: Male Female Grade Level:

Ethnicity: American Indian/Alaskan Native Asian Black Multi-Race Pacific Islander White

E-911 Address: Street City State Zip County

Mailing Address: (If different than above) Street City State Zip County

Language(s) spoken at home:

Is Student a U.S. Citizen?: Yes No

Eligible for Special Services?: IEP 504 Other: Exceptionality:

Is your child currently receiving services from the local school system? No Yes
If yes, what services?

Does your child have a current Individualized Education Plan (IEP)? No Yes

Attended Early Head Start or Head Start?: No Yes, Less than 1 year Yes, 1 Year Yes, More than 1 year

Attended center based childcare program (daycare): No Yes, Less than 1 year Yes, 1 Year Yes, More than 1 year

Attended home based childcare program?: No Yes, Less than 1 year Yes, 1 Year Yes, More than 1 year

Attended home visiting program (HIPPPY, PAT, NFP, etc): No Yes, Less than 1 year Yes, 1 Year Yes, More than 1 year

Attended any other preschool program not listed above?: No Yes, Less than 1 year Yes, 1 Year Yes, More than 1 year

Are you a parent of a child under 19? No Yes

Do you receive Family Assistance benefits (TANF) from the Department of Human Resources? No Yes

Do you receive food stamp benefits? No Yes

Do you or your children receive Medicaid benefits or All Kids? No Yes

Do you receive help with the cost of childcare for your child(ren) through the Childcare Management Agency or JOBS? No Yes

Does your child(ren) receive WIC? No Yes

\*\* Failure of a parent or guardian to provide a child's Social Security Number will not bar a child from being enrolled in the First Class Pre-K program. Federal and state laws require The Alabama Department of Children's Affairs and its grantees to protect social security number from disclosure to unauthorized parties.

Please list any other students living at the same E-911 address as entered for the student above:

Name	School	Grade	Relation

Student Lives With:     Both Parents                       Mother                       Stepmother                       Grandparent(s)  
 (check all that apply)     Foster Parent(s)                       Father                       Stepfather                       Other: \_\_\_\_\_

Guardian 1	Guardian 2
Name:	Name:
E-911 Address:	E-911 Address:
City/State/Zip:	City/State/Zip:
Mailing Address:	Mailing Adress:
City/State/Zip:	City/State/Zip:
Relation:	Relation:
Home #:	Home #:
Cell #:	Cell #:
E-mail:	E-mail:
Employer:	Employer:
Work #:	Work #:

**EMERGENCY INFORMATION**

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Medical/Developmental Diagnoses: \_\_\_\_\_

Name of Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**EMERGENCY CONTACTS (If parents cannot be reached):**

Emergency Contact 1	Emergency Contact 2
Name:	Name:
E-911 Address:	E-911 Address:
City/State/Zip:	City/State/Zip:
Mailing Address:	Mailing Adress:
City/State/Zip:	City/State/Zip:
Relation:	Relation:
Home #:	Home #:
Cell #:	Cell #:
E-mail:	E-mail:
Employer:	Employer:
Work #:	Work #:

Special Instructions:

I understand that providing the social security number is voluntary and will be used for identification numbers in the information management system maintained by the school district. All students who are to attend the Butler County School System including homeless, migrant, limited English speaking, immigrant, or disabled will have access to a free, appropriate education and will not be prohibited from school attendance due to barriers such as residency requirements, lack of social security number, lack of birth certificate, lack of immunizations, legal custody requirements, lack of school records or transcripts, transportation, language barriers or disabilities.

By my signature, I certify that I am the legal custodian of the student with the authority to enroll the student in this school and the data entered on this form is correct. I understand that the student will only be released to the person(s) listed on this form. I understand that it is my responsibility to maintain the accuracy of this data and will notify the school immediately of any changes to the information entered on this form.

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