



Pre-K Lottery Registration Information and Instructions

****Your child must be 4 years old on or before September 1, 2025****

Please read and follow all instructions. Only fully completed applications will be considered.

Step #1 - Collect the required documents for each child you wish to enroll.

Please complete each of the following documents:

- ◆ Georgia Department of Early Care and Learning 2025-2026 Pre-K Registration Form (3pages)
- ◆ Georgia Department of Early Care and Learning Pre-K Program Waiting List Information Form
- ◆ Georgia Department of Health Form - 3231 Immunization record-cannot be expired
- ◆ Georgia Department of Health Form - 3300 Hearing, Vision, Dental & Nutrition Screening
 - Please make sure all fields on the form are filled out and all 4 screening sections are completed with signature and date.
 - If your child did not pass any portion of the screening, you must provide a copy of an appointment card that states when your child will be reevaluated.
- ◆ If your child turns 4 after the registration date, and you cannot complete form 3300, you must provide a copy of an appointment card that states when your child is scheduled for their 4-year-old check-up.

Please provide 1 copy of each of the following documents:

- ◆ Child's certified birth certificate
- ◆ Child's social security card.
- ◆ Two proofs of residency
 - 1st proof – mortgage statement, deed, lease, rental agreement, property tax statement
 - 2nd proof – Cartersville City utility bill, power bill, water bill, gas bill, must be **current** (within the last 45 days)
- ◆ State-issued ID, driver's license, or passport for each parent
- ◆ Guardianship paperwork or court orders, if applicable
- ◆ City of Cartersville employee badge or Cartersville School System employee badge, if applicable
- ◆ Proof of government assistance, if applicable

Step #2 - Complete and submit the Pre-K online registration application on the Cartersville City Schools website at www.cartersvilleschools.org. Please make sure you provide a current email, this is how we will notify you of your application status after the Lottery Drawing is held.

Step #3 - Bring your copied documents and completed forms along with your completed online application number to Cartersville Primary School Early Learning Center.

Please note– All 3 steps listed above must be completed to be eligible for the Pre-K Lottery

- The Lottery is held during the last week of March.
- **Complete** applications received after March 12th, 2025 will be placed in the order received and will be included in the applicable rounds listed below.
- Each round consists of the online application number being placed in a computer randomizer to determine the enrollment order.

Cartersville City Schools is dedicated to serving as many students as possible who live within the district boundaries

Round 1. All applications received on March 12th, 2025 that have completed the 3 steps listed and residing within the Cartersville City Schools System boundaries will be included in the lottery taking place the last week of March.
ALL ENTRIES WILL BE NOTIFIED BY EMAIL OF THEIR STATUS NO LATER THAN FRIDAY APRIL 4th.

Round 2. All applications received on March 12th, 2025 that have completed the 3 steps listed above and residing outside of the Cartersville City Schools System boundaries will be included. Date TBD.
Please note - Out-of-district tuition of \$300 per student is required to be paid in full by April 30, 2025.

Round 3. All applications that have completed the 3 steps listed and residing within the Cartersville City Schools System boundaries submitted late, after the Wednesday, March 12th deadline will be included. Date TBD.

Round 4. All applications that have completed the 3 steps listed and residing outside of the Cartersville City Schools System boundaries submitted late, after the Wednesday, March 12th deadline will be included. Date TBD.
Please note - Out-of-district tuition of \$300 per student is required to be paid in full by April 30, 2025.

2025-2026

PROVIDER LEGAL NAME: Cartersville City Schools	(This section to be completed by the provider)
SCHOOL/SITE NAME: Cartersville Primary School	

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:** _____

CHILD MAINTENANCE			
CHILD'S LIVING ARRANGEMENTS: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER			
CHILD'S LEGAL GUARDIAN: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER			
THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:			
<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>CELL PHONE</u>
1.			
2.			
3.			
4.			
CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE): _____			
DATE OF LAST FULL HEALTH SCREENING: _____		PHONE: () _____	
MY CHILD HAS THE FOLLOWING SPECIAL NEED(S):			
THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER:			
MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG-TERM CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS, OR HEALTH CONCERNS:			

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: Cartersville Primary School 200 Carter Grove Blvd
Cartersville, GA 30120

SIGNATURE (Parent/Guardian): _____

DATE: _____



Georgia's Pre-K Program Waiting List Information Form

Please write the
school year in the box
→

2025-2026 School Year

Clearly **print** the name as it appears on the birth certificate.

TODAY'S DATE (M/D/Y): ____/____/____		
CHILD INFORMATION:		
First Name:		Name Suffix (Jr, II, III):
Middle Name:		
Last Name:		
Last 4 Digits of SSN ____-____-____-____	Date of Birth (MM/DD/YYYY): ____/____/____	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Is your child's primary language English? <input type="checkbox"/> YES <input type="checkbox"/> NO	Language spoken at home (other than English):	Date started on Waiting List: ____/____/____
ADDRESS INFORMATION		
Home Address:		
City:	County of Residence:	State:
Zip Code:		
PARENT/GUARDIAN INFORMATION:		
First Name:		Last Name:
Relationship: Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/>		
Email Address:		Phone Number:

Parent/Guardian Signature

Date

CERTIFICATE OF IMMUNIZATION

Child's Name (Last name, First name)

Birthdate

(Optional) Parent/Guardian Name (Last name, First name)

Unless specifically exempted by law, Georgia law (O.C.G.A. § 20-2-771) requires a certificate on file for each child in attendance in any school or child care facility in Georgia with penalties for failure to comply. Detailed instructions for this form and immunization requirements by age are spelled out in policy guides 3231INS and 3231REQ distributed by the Georgia Immunization Office.

Date of Expiration

(Next required immunization or review of medical exemption due.)

☐ (Fill in X)
Complete For K through 6th Grade

Child must be >= 4 years and have met all requirements for school attendance.

☐ (Fill in X)
Complete For 7th through 10th Grade

Fulfills requirements K through 6th grade AND must have Tdap and MCV4 administered.

☐ (Fill in X)
Complete For 11th Grade and higher

Fulfills requirements K through 10th grade AND must have MCV4 booster dose administered on or after 16th birthday.

VACCINE	DATE			DATE			DATE			DATE			DATE			Total Doses	Diagnosed	Serology+	History	Med. Exemption
	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY					
Required Vaccines for School or Child Care Attendance																				
DTP,DTaP,DT,Td																<div></div>	<div></div>	<div></div>	<div></div>	
Polio																				
Hepatitis B																				
Tdap																				
MCV4																				
HIB (Under Age 5)																				
PCV (Under Age 5)																				
Measles																				
Mumps																				
Rubella																				
Hepatitis A (Born on/after 1/1/06)																				
Varicella																				
Recommended Vaccines (For Information Only)																				
Rotavirus																<div></div>	<div></div>	<div></div>	<div></div>	
HPV																				
Influenza																				
Td (booster)																				
Men-B																				

Notes:

A licensed Georgia physician, **Advanced Practice Registered Nurse, Physician Assistant**, qualified employee of a local Board of Health or the State Immunization Office is responsible for the content of this certificate. All dates must include month, day and year. In cases of natural immunity or Medical Exemption, the 4 digit year of infection, test or exemption must be filled in the appropriate box(es).

The certificate is **NOT** valid without name and birthdate of the child, date of expiration OR "X" in Complete for School Attendance box, legible name and address of the physician, **Advanced Practice Registered Nurse, Physician Assistant** or health department, certified by signature and a date of issue.

A school or facility official is responsible for keeping a current valid certificate on file for each child in attendance. A certificate must be replaced within 30 days after expiration. **When a child leaves or transfers to another facility, the Certificate of Immunization should be given to a parent/guardian or sent to the new facility.**

Printed, Typed or
Stamped Name,
Address and
Telephone # of
Licensed
Physician
or Health Department

Certified by (Signature/Signature Stamp) Date of Issue



Georgia Department of Public Health Form 3300

PLEASE SEE THE INSTRUCTIONS
ON THE BACK OF THIS FORM

Certificate of Vision, Hearing, Dental, and Nutrition Screening

FILE THIS FORM WITH THE SCHOOL WHEN YOUR CHILD IS FIRST ENROLLED IN A GEORGIA PUBLIC SCHOOL
SCREENER CONTACT INFORMATION IS REQUIRED

Parent/ Guardian Name: _____
first middle last

Child's Name: _____
first middle last

Parent/ Guardian Contact Information:

Daytime phone number: _____

Evening phone number: _____

Cell phone number: _____

Date of Birth: ____/____/____ Gender: ☐ Male ☐ Female

Child's Home Address:

street city state zip code county

VISION

- ☐ Unable to screen (explain why below)
☐ Uses corrective lenses
☐ Worn for testing

- ☐ Passed (20/30 in each eye for age 6 and above, 20/40 in each eye for below age 6)
☐ Needs further evaluation
☐ Under professional care (explain below)

Screening completed by:

- ☐ Physician
☐ Local Health Department
☐ Optometrist
☐ "Prevent Blindness Georgia" employee
☐ School Registered Nurse

Screener's Signature Date

I certify that this child has received the above screening.

Contact Information:

HEARING

- ☐ Unable to screen (explain why below)
☐ Uses hearing aid / assistive device

- ☐ Passed at 500, 1000, 2000, and 4000 Hz with audiometer at 20 or 25 dB
☐ Needs further evaluation
☐ Under professional care (explain below)

Screening completed by:

- ☐ Physician
☐ Local Health Department
☐ Audiologist
☐ Speech-Language Pathologist
☐ School Registered Nurse

Screener's Signature Date

I certify that this child has received the above screening.

Contact Information:

DENTAL

- ☐ Unable to screen (explain why below)

- ☐ Normal appearance
☐ Needs further evaluation
☐ Emergency problem observed
☐ Under professional care (explain below)

Screening completed by:

- ☐ Physician
☐ Dentist
☐ Local Health Department Registered Nurse
☐ Registered Dental Hygienist
☐ School Registered Nurse

Screener's Signature Date

I certify that this child has received the above screening.

Contact Information:

NUTRITION

- ☐ Unable to screen (explain why below)

Height: _____ Weight: _____

BMI: _____ BMI%: _____

- ☐ 5th to 84th percentile - Appropriate for age
☐ < 5th percentile - Needs further evaluation
☐ ≥ 85th percentile - Needs further evaluation
☐ Under professional care (explain below)

Screening completed by:

- ☐ Physician
☐ Local Health Department
☐ Registered Dietician
☐ School Registered Nurse

Screener's Signature Date

I certify that this child has received the above screening.

Contact Information:

FOR SCHOOL SYSTEM ONLY

Follow up for further evaluation

	1 st attempt	2 nd attempt	Actions reported (if any)
Vision			
Hearing			
Dental			
Nutrition			

Student support services initiated on: _____

Screeners' Comments:

Georgia Department of Public Health Form 3300

Certificate of Vision, Hearing, Dental, and Nutrition Screening

Who is required to file this Form 3300? The parent or guardian of a child who is being admitted for the first time to a public school in Georgia must file a completed Form 3300 with the school when the child is enrolled.

What is the purpose of Form 3300? Form 3300 is intended to make sure that every child in Georgia is screened for possible problems with their vision, hearing, teeth and nutrition. The earlier these problems are detected, the earlier parents can seek professional help for the child.

What screenings are required? Four different screenings are required: vision, hearing, dental, and nutrition. All four screenings must be conducted and reported on the form before it can be filed with the school.

Who can conduct the screenings? Your child's doctor is authorized to conduct all four screenings, as is your local health department. In addition, the vision screening can be conducted by a Georgia licensed optometrist, an employee of Prevent Blindness Georgia trained to conduct vision screening, or a school registered nurse; the hearing screening can be conducted by a Georgia licensed speech-language pathologist or audiologist, or a school registered nurse; the dental screening can be conducted by a Georgia licensed dentist, dental hygienist, or a school registered nurse; and the nutrition screening can be conducted by a Georgia licensed dietitian or a school registered nurse. It is not necessary that the same person conduct all four screenings.

What does "BMI" and "BMI%" mean? "BMI" means "body mass index." BMI is a way to describe how much a child weighs in relation to height. "BMI percentile" is a way to compare the child's body mass index to the body mass index of a healthy child. If the child's BMI is less than 5% or more than 84% of what is appropriate for his or her age and height, then the child should be taken to a doctor or dietitian for a more detailed evaluation. For more information, visit the Centers for Disease Control and Prevention website on child and teen BMI at:

http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html

What should a parent do if the "needs further evaluation" box is checked? "Needs further evaluation" means that the child may have a problem. If the "needs further evaluation" box is checked, then the parent should take the child to a professional for a more detailed evaluation. Your doctor or local health department may be able to help, or recommend someone who can help.

What if a Form 3300 was previously filed for the child at another school? It is only necessary to file the Form 3300 once. If the Form 3300 is filed at the child's first school, and the child later transfers to another school, then the original school is required to forward the Form 3300 to the new school.