Georgia Department of Early Care and Learning

Georgia's Pre-K Program 2019-2020
Waiting List Information Form

Please clearly print the **name as it appears on the Birth Certificate**

Today's Date (M/D/Y)			
Last Name			
First Name			
Name Suffix (Jr, Sr, II, III)			
Date of Birth (M/D/Y)	Gender		Last 4 Digits of SSN
____/____/_____	☐ M ☐ F		___ ___ ___ ___
Home Address	City	State	Zip
		GA	
County of Residence			
Parent/Guardian Name			
Preferred Phone Number		Additional Phone Number	
Email Address			
Preferred Method of Communication			
Phone call: ☐ Email: ☐ Text message: ☐ Cell phone number: _____			

Information provided on this form is shared with Bright from the Start: Georgia Department of Early Care and Learning for the purpose of maintaining a state level waiting list for Georgia's Pre-K Program. By completing this form and signing below you consent to the sharing of this information .

_____

Parent/Guardian Signature Date