Referral for Georgia's Pre-K Program

School Year _____ to _____

Families with children enrolled in a lottery-funded Georgia's Pre-K classroom who meet income and activity requirements may receive assistance with the cost of extended day services through the Childcare and Parent Services (CAPS) program. These arrangements should be made between the family and the CAPS program.

- **Families requesting assistance with child care costs** should apply online and upload this form through Georgia Gateway (www.Gateway.ga.gov).
- **Families who already receive CAPS** should report enrollment in Georgia's Pre-K Program as a change through Georgia Gateway (www.Gateway.ga.gov) or by contacting your Family Support Consultant at 1-833-4GA-CAPS (833-442-2277).

Instructions: This form must be completed in its entirety. The CAPS program will use this information to verify your child's enrollment in the Georgia's Pre-K program.

Family Information (To be completed by the parent)

Parent Name: _____

Do you currently receive CAPS? Yes ☐ No ☐ If Yes, CAPS Case ID: _____

Phone Number: _____ Email Address: _____

My child is enrolled in a Georgia's Pre-K classroom. Yes ☐ No ☐

Child's Name: _____

Child's Date of Birth: _____

Does the child need child care before or after the six-hour Georgia's Pre-K instructional day?

Yes ☐ No ☐

I certify that the Family Information section has been completed by me and that the information provided is true and accurate to the best of my knowledge.

_____ _____

Signature of Parent **Date**

Provider Information (To be completed by the provider)

Georgia Pre-K Site Name: _____

Site Phone Number: _____

Site Address: _____

Child Care Provider Name (if not Pre-K Site): _____

Provider Phone Number:_____

Provider Address: _____

I certify that the Provider Information section has been completed by me and that the information provided is true and accurate to the best of my knowledge.

_____ _____

Title of Person Completing Provider Information Section **Date**

_____ _____

Signature of Provider **Printed Name**

Print