Georgia Dept of Early Care and Learning
BRIGHT FROM THE START

Please write the school year in the box →

# Georgia's Pre-K Program Waiting List Information Form

School Year

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: ☐<br>Email: ☐<br>Text message: ☐ Cell phone number: _____ | | | |

Information provided on this form is shared with 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