



Georgia Department of Early Care and Learning

Georgia's Pre-K Program 2016-2017 Waiting List Information Form

Please clearly print the name as it appears on the birth certificate

Last Name																								
First Name																								
Middle Name															Name Suffix (Jr, Sr, II, III)									
Last 4 Digits of SSN (if provided)					Date of Birth (M/D/Y)					Gender														
-																				<input type="checkbox"/> M	<input type="checkbox"/> F			
Home Address										City					State					Zip				
GA																								
County of Residence										Date Started on Waiting List (M/D/Y)														
/ /																								
Parent/Guardian Name										Phone Number														

** Directory information on this form may be shared with
Bright from the Start: Georgia Department of Early Care and Learning

Parent/Guardian Signature Date