



Georgia Department of Early Care and Learning

## Waiting List Information Form

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

Child's Last Name											
Child's First Name											
Child's 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