FOR A FIVE-YEAR-OLD CHILD TO ATTEND GEORGIA’S PRE-K PROGRAM

I state that _________________________________________________________.

Child’s Full Name Date of Birth

DID NOT ATTEND Georgia’s Pre-K Program during the previous school year, or was not enrolled in Georgia’s Pre-K Program for more than 30 calendar days.

I understand that if it is discovered that the child listed above did attend Georgia’s Pre-K Program and payment was made to a provider by the Georgia Department of Early Care and Learning for him/her, I will be responsible for reimbursing the provider listed below for any funds deducted.

___________________________________________
Date Signature of Parent/Guardian

Name of Center ________________________________________________
Address ______________________________________________________
_________________________________________________________________