



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			
-											
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