



Georgia Department of Early Care and Learning

## Georgia's Pre-K Program 2017-2018 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

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Parent/Guardian Signature Date