



Georgia Department of Early Care and Learning

Georgia's Pre-K Program 2019-2020
Waiting List Information Form

Please clearly print the name as it appears on the Birth Certificate

Form with fields for Today's Date (M/D/Y), Last Name, First Name, Name Suffix (Jr, Sr, II, III), Date of Birth (M/D/Y), Gender (M/F), Last 4 Digits of SSN, Home Address, City, State, Zip, County of Residence, Parent/Guardian Name, Preferred Phone Number, Additional Phone Number, Email Address, Preferred Method of Communication (Phone call, Email, Text message, Cell phone number).

Information provided on this form is shared with Bright from the Start: Georgia Department of Early Care and Learning for the purpose of maintaining a state level waiting list for Georgia's Pre-K Program. By completing this form and signing below you consent to the sharing of this information.

Parent/Guardian Signature

Date

Checkboxes and text for consent to share contact information: 'If you do not want your contact information shared with other providers please let us know. Si no desea que su información de contacto se comparta con otros proveedores, infórmenos. No, please do not share my contact information with private providers. No, no comparta mi información de contacto con proveedores privados.'