



Please write the school year in the box ←

Georgia's Pre-K Program
Waiting List Information Form
School Year

Clearly print the name as it appears on the Birth Certificate

Today's Date (M/D/Y)											
Last Name											
First Name											
Name Suffix (Jr, Sr, II, III)											
Date of Birth (M/D/Y)			Gender			Last 4 Digits of SSN					
/ /			M <input type="checkbox"/> F <input type="checkbox"/>								
Home Address											
City State Zip											
GA											
County of Residence											
Parent/Guardian Name											
Preferred Phone Number						Additional Phone Number					
Email Address											
Preferred Method of Communication											
Phone call: <input type="checkbox"/>			Email: <input type="checkbox"/>			Text message: <input type="checkbox"/>					
						Cell phone number:					

Information provided on this form is shared with 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