



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	
____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	____	
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