



Georgia Department of Early Care and Learning

Waiting List Information Form 2018-2019

Please clearly print the name as it appears on the birth certificate

Child's Last Name														
Child's First Name														
Child's Middle Name										Name Suffix (Jr, Sr, II, III)				
Last 4 Digits of SSN (if provided)					Date of Birth (M/D/Y)					Gender				
NA					/ /					<input type="checkbox"/> M <input type="checkbox"/> F				
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