



Please write the school year in the box
_____→

Georgia's Pre-K Program
Waiting List Information Form

2023 - 2024 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