

PARENT ACKNOWLEDGEMENT FORM

FOR FIVE-YEAR-OLD CHILD TO ATTEND GEORGIA'S PRE-K PROGRAM

I state that		
	Child's Full Name	Date of Birth
	Georgia's Pre-K Program during t gia's Pre-K Program for more tha	
Pre-K Program and	payment was made to a provide ning for him/her, I will be respons	sted above did attend Georgia's er by the Georgia Department of sible for reimbursing the provider
Date	Signature	e of Parent/Guardian
Name of Center		
Address		