



Georgia Department of Early Care and Learning

Waiting List Information Form

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

Last Name									
First Name									
Middle Name							Name Suffix (Jr, Sr, II, III)		
Last 4 Digits of SSN (if provided)				Date of Birth (M/D/Y)			Gender		
-									
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