



## Waiting List Information Form 2017-2018

*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