



## Waiting List Information Form 2019-2020

*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