



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		
- _____				____ / ____ / ____			<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