



Georgia Department of Early Care and Learning

Waiting List Information Form

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			
-	-	-	/	/		<input type="checkbox"/> M	<input type="checkbox"/> F		
Home Address				City		State		Zip	
						GA			
County of Residence				Date Stated 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

If you do not want your contact information shared with other providers please let us know.
 Si no desea que su información de contacto se comparta con otros proveedores, infórmenos.

- No, please do not share my contact information with private providers.
- No, no comparta mi información de contacto con proveedores privados.

Parent/Guardian Signature

Date