



Georgia Department of Early Care and Learning

University of West Georgia Child Development Center Waiting List Information Form 2008 – 2009

Please Print Clearly - Print name as it appears on birth certificate

Child's Last Name	First Name	Middle Initial
Last 4 Digits of SSN (Optional)	Date of Birth (M/D/Y)	Gender
	/ /	M F
Home Address	City	State Zip
		GA
County of Residence	Date Started on Waiting List (M/D/Y)	
	/ /	
Parent/Guardian Name	Phone Number	

Is there a **parent** currently employed or enrolled at the University of West Georgia?

If yes, STUDENT or EMPLOYEE

Name: _____

Department/Major: _____

I understand that the information on this form will be submitted to Bright from the Start: Georgia Department of Early Care and Learning.

Parent/Guardian Signature Date

Return to: University of West Georgia
Child Development Center
Education Annex
1601 Maple Street
Carrollton, GA 30118