

Georgia's Pre-K Program Lottery and Waiting List Information Form 2023- 2024 School Year

PROVIDER LEGAL NAME: Emory, E	gleston, CDC Employee Chil	d Care Center, Inc. D/B/A The Clifton	on School
For Lottery Purposes I Prefer (choose	e one)Clifton Only	_Clairmont Only	
For Waiting List Purposes I Prefer (cl	hoose one):Clifton On	lyClairmont OnlyFirst Av	ailable
Clearly print the name as it appea	ers on the Birth Certifica	te	
Today's Date (M/D/Y)	its off the Birth certified		
Last Name			
First Name			
Name Suffix (Jr, Sr, II, III)			
Date of Birth (M/D/Y)	Gender	Last 4 Digits of S	SN
	\square M \square F		
Home Address	City	State Zip	
		GA	
County of Residence		G/ Y	
Parent/Guardian Name			
Preferred Phone Number		Additional Phone Number	
Email Address			
Preferred Method of Communication	ation		
Phone Call	20011		
Email			
Information provided on this form is spurpose of maintaining a state level			
signing below you consent to the sha		to itt rogiam. Dy completing this i	onn and
Parent/Guardian Signature		Date	