



Georgia's Pre-K Program Lottery and Waiting List Information Form 2024- 2025 School Year

PROVIDER LEGAL NAME : Emory, Egleston, CDC Employee Child Care Center, Inc. D/B/A The Clifton School

For Lottery Purposes I Prefer (choose one) ___ Clifton Only ___ Clairmont Only

For Waiting List Purposes I Prefer (choose one): ___ Clifton Only ___ Clairmont Only ___ First Available

Clearly print the name as it appears on the Birth Certificate

Today's Date (M/D/Y)			
Last Name			
First Name			
Name Suffix (Jr, Sr, II, III)			
Date of Birth (M/D/Y)	Gender	Last 4 Digits of SSN	
/ /	<input type="checkbox"/> M <input type="checkbox"/> F		
Home Address	City	State	Zip
		GA	
County of Residence			
Parent/Guardian Name			
Preferred Phone Number		Additional Phone Number	
Email Address			
Preferred Method of Communication			
Phone Call _____			
Email _____			

Information provided on this form is shared with Georgia Department of Early Care and Learning for the purpose of maintaining a state level waiting list for Georgia's Pre-K Program. By completing this form and signing below you consent to the sharing of this information .

Parent/Guardian Signature Date