

Georgia's Pre-K Program Lottery and Waiting List Information Form 2025- 2026 School Year

PROVIDER LEGAL NAME: Emory, 1	Egleston, CDC Employee Child	Care Center, Inc. D/B/A The Clifton School
For Lottery Purposes I Prefer (choos	se one)Clifton Only(Clairmont Only
For Waiting List Purposes I Prefer (choose one):Clifton Only	Clairmont OnlyFirst Available
Clearly print the name as it appe	ars on the Rivth Cortificate	
Today's Date (M/D/Y)	ars on the birth certificate	
reday o Date (IIII D) 17		
Last Name		
First Name		
Name Suffix (Jr, Sr, II, III)		
Date of Birth (M/D/Y)	Gender	Last 4 Digits of SSN
1 1	\square M \square F	
Home Address	City	State Zip
		GA
County of Residence		un.
_		
Parent/Guardian Name		
T dione dudical interne		
Droforred Dhone Number		Additional Dhana Number
Preferred Phone Number		Additional Phone Number
Email Address		
Preferred Method of Communic	ation	
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

Please email completed GA Pre-K lottery applications to Gaprek@thecliftonschool.org. Call 404-315-6340 or 404-636-4073 if you have questions or need more information.