



Fort Benning CYSGeorgia Pre-K ProgramEntry Form 2020

Please print name as it appears on Birth Certificate. Valid and current email address required.

Child's Last Name First Name Middle Initial Date of Birth

Street Address City , GA ZIP County

Parent/Guardian Printed Name Phone Number Email address

Is your child currently enrolled in a CYSG full day program? Yes / No If yes, which location? _____

This form must be emailed to daphne.d.montgomery.naf@mail.mil or freddie.a.lighty.naf@mail.mil. Forms can be submitted May 1 through June 12, 2020. Drawing will take place on June 19, 2020.

Child must be 4 years of age on or before September 1, 2020. Family must show proof of Georgia residency at the time of enrollment. One entry per eligible child however, twins must be listed on a single form. If selected, registration information will be sent to the email address provided.

