

Fort Benning CYS Georgia Pre-K Program Entry Form 2021

Please print name as it appears of	n Birth Certificate.	Valid and current	email address re	quired.	
Child's Last Name	First Name		Middle Initial	Date of Birth	
Street Address		City	, GA	ZIP	County
Parent/Guardian Printed Name		Phone Number		laddress	
Is your child currently enrolled in This form must be email	ed to daphne.	-		n location?	
carlton.m.peete.naf@mail.mil.F 2021 via on-line submission. Dra	orms can be submi	tted April 1 throug	h April 30,		
Facebook live. Child must be 2021. Family must show proof of	4 years of age o f Georgia residenc	n or before Sept y at the time of en	tember 1, Irollment. One	B_R	
entry per eligible child howeve form. If selected, registration ir provided.	· · · · · · · · · · · · · · · · · · ·		-	Georgia Depa	rtment of Early Care and Learnin