

Fort Benning CYS Georgia Pre-K Program Entry Form 2021

Please print name as it appear	s on Birth Certificate.	Valid and current	email addre	ss req	[uired.	
Child's Last Name	First Name		Middle Ini	— tial	Date of Birth	
		~	, (GA		
Street Address		City			ZIP	County
Parent/Guardian Printed Name		Phone Number		Email	address	
Is your child currently enrolle	d in a CYS full day pro	gram? Yes/No	If yes, v	which	location?	

This form must be emailed to daphne.d.montgomery.naf@mail.mil or carlton.m.peete.naf@mail.mil. Forms can be submitted April 1 through April 30, 2021 via on-line submission. Drawing will take place on May 13th at 10am on Facebook live. Child must be 4 years of age on or before September 1, 2021. Family must show proof of Georgia residency at the time of enrollment. One entry per eligible child however, twins/multiples must be listed on a single form. If selected, registration information will be sent to the email address provided.

