

BRIGHT FROM THE START
Georgia Department of Early Care and Learning
RECORDS CHECK APPLICATION FOR CHILD CARE FACILITIES

TO BE COMPLETED BY APPLICANT:

COGENT Registration ID: _____

(Please read instructions on back before completing this application.)

1. APPLICANT TYPE: Owner (present in facility) Director Lead Teacher Current Employee /Resident/Volunteer Potential Employee/Resident/Volunteer
2. FACILITY TYPE: Family Day Care Home Group Day Care Home Childcare Learning Center

3. PRINT FULL NAME: _____
 (LAST FIRST MIDDLE MAIDEN) (DATE OF BIRTH)

 (GENDER) (RACE) (SOCIAL SECURITY NUMBER) (PLACE OF BIRTH)

 (HEIGHT) (WEIGHT) (EYES) (HAIR) (HOME TELEPHONE NUMBER)

 (CELL PHONE NUMBER) (PERSONAL E-MAIL ADDRESS)

 (HOME ADDRESS: STREET CITY STATE ZIP)

 (MAILING ADDRESS: STREET/P.O. BOX CITY STATE ZIP)

4. IDENTIFICATION #: _____; OR _____ AND _____ AND _____
 (PRIMARY) (SECONDARY) (SUPPORTING #1) (SUPPORTING #2)

5. I hereby authorize Bright from the Start: Georgia Department of Early Care and Learning ("Department") to receive any criminal history record information pertaining to me which may be on file with any criminal justice agency in the United States and its territories. I further authorize the Department to release a fitness determination to the child care provider named below. I understand that this authorization is valid for up to and including 180 days from the date of signature. Georgia law authorizes the Department to require additional fingerprint records checks when the department has reason to believe that I have a criminal record that renders me ineligible to have contact with children in the center or during the course of a child abuse investigation.

 (NOTARY SIGNATURE)

 (APPLICANT'S SIGNATURE)

Notary Public _____, Georgia
 (COUNTY)

My Commission Expires: _____
 (DATE)

6. TO BE COMPLETED BY FAMILY DAY CARE HOME PROVIDER or FACILITY DIRECTOR:

Decatur Family YMCA
 (NAME OF PROVIDER OR FACILITY)

 (LICENSE, REGISTRATION OR APPLICATION NUMBER)*

1100 Clairmont
 (FACILITY STREET ADDRESS)

Decatur, GA. 30030
 (CITY, STATE, ZIP)

same
 (MAILING ADDRESS)

 (CITY, STATE, ZIP)

7. My signature indicates that I am the Director and that I have verified the above information on the applicant.

 (DIRECTOR'S SIGNATURE) (DATE)

404-377-9622
 (TELEPHONE NUMBER OF CENTER)

Kathleen Meyer-Frisbey
 (DIRECTOR'S NAME - PLEASE PRINT)

*Required

MAIL TO:
 BRIGHT FROM THE START: GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING
 2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower
 Atlanta, Georgia 30334
 (404) 656-5957
 (SEE INSTRUCTIONS ON BACK OF FORM)