

BRIGHT FROM THE START
Georgia Department of Early Care and Learning
CRIMINAL 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:** Director/Owner (circle one) Potential Employee Non-employee
2. **FACILITY TYPE:** Group Day Care Home Family Day Care Home Child Care Learning Center Pre-K Program

IS THIS A NEW CENTER/FACILITY? YES NO

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

(SEX) (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. I hereby authorize the Bright from the Start: Georgia Department of Early Care and Learning and my potential employer named below to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. As required by Law, I have attached an affidavit disclosing the nature and date of any arrest, charge, conviction for the violation of any law in any state, except for motor vehicle parking violations.

(NOTARY) (APPLICANT'S SIGNATURE)

Notary Public _____, Georgia
(COUNTY) My Commission Expires: _____
(DATE)

5. TO BE COMPLETED BY DIRECTOR:

(NAME OF CENTER) (COUNTY)

(FACILITY STREET ADDRESS) (CITY, STATE, ZIP)

(MAILING ADDRESS) (CITY, STATE, ZIP)

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

(DIRECTOR'S SIGNATURE) (DATE) (TELEPHONE NUMBER OF CENTER)

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)

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INSTRUCTIONS FOR COMPLETING APPLICATION

(Be sure to complete the fingerprinting process before sending in this application.)

Please use a blue or black ball point pen, press firmly, and PRINT legibly.

APPLICANT WILL COMPLETE THE FOLLOWING:

First, write your COGENT ID number at the top of the form in the space provided.

1. Check the correct box that identifies the applicant.
2. Check the box for the type of child care facility.
3. Print your full name, including your MAIDEN name. DO NOT use initials if you have a given name.
Print your date of birth.
Print your sex either: Male or Female.
Print your race: Black, White, or Other.
Print your Social Security Number.
Print your place of birth: City or County, State and Country if not USA.
Print your height.
Print your weight.
Print the color of your eyes: DO NOT abbreviate: Brown, Black, Grey, Blue, Green, Hazel
Print the color of your hair: DO NOT abbreviate: Brown, Black, Grey, Red, Blonde, Bald, or Other.
Print your home and cell telephone numbers with area code.
Print your complete home address and complete mailing address, if different. If the same, write "SAME".
4. ALL APPLICATIONS MUST BE NOTARIZED.
Read consent statement.
Sign your name as you would on a bank check or business letter.
Obtain Notary's signature, county, and commission expiration date.

DIRECTOR WILL COMPLETE THE FOLLOWING:

5. Record check results will be mailed to the address that is entered here.
Print clearly and give complete mailing address.
Print the name of your center as it appears on your license application.
Print the county.
Print the mailing address of your center.
Print the city/state/zip.
6. Director must sign his/her name as it would appear on a bank check or business letter.
Print your name below your signature.
Print date signed.
Print center's telephone number.
7. Submit the completed form to:

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