

Return completed form to:  
Town of Mansfield  
Early Childhood Services Office  
4 South Eagleville Road  
Mansfield, CT 06268  
Questions? Call 860-429-3338



Date of Inquiry: \_\_\_\_\_  
Date of App: \_\_\_\_\_  
Center Req'd: \_\_\_\_\_  
Type of Space: FT – PT -SD/SY  
Date Accepted: \_\_\_\_\_

## MANSFIELD SCHOOL READINESS PROGRAM INQUIRY/APPLICATION

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M F

Home Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ (complete home address only if different from child's)

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Total Household yearly income (Verification Required) \$ \_\_\_\_\_

Form of Verification: (Circle one) Tax Return/W-2 Letter of Employment Gov't Subsidy

Marital Status: (Circle one) Single Married Separated Divorced

The Child Resides with: \_\_\_\_\_ # of siblings & their ages \_\_\_\_\_

Family Size (Related to this income) \_\_\_\_\_

Health Insurance Type: (Circle one) Public Private

Do any children in the immediate family currently attend a program? If yes, where: \_\_\_\_\_

- I understand that, as a parent participant in the Mansfield School Readiness Program, I am required to submit to the School Readiness Coordinator written documentation of the gross income of my family. The documentation must come from the source of the income.*
- I understand that I must notify the School Readiness Coordinator as soon as I am aware of a change in the gross income of my family.*

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)

\_\_\_\_\_  
Date