



Mansfield Discovery Depot

Application for Child Care

Date of application _____ How did you hear about MDD? _____

Child's Full name _____ DOB _____ Sex _____

Home Address _____

Mother/Guardian _____ Father/Guardian _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Work Phone _____ Work Phone _____

Employer _____ Employer _____

Yearly Income \$ _____ Yearly Income \$ _____

Family Size Related to Total Household Yearly Income (Verification Required) _____

Form of Verification: (circle one)

Pay Stubs Tax Return Letter of Employment Government Subsidy

Parents are: (circle one)

Married Divorced Separated Single Unmarried(living together)

Child resides with _____ # Siblings _____ Age(s) _____

Child's Doctor _____ Phone _____

Name of Health Insurance _____

Immunizations: (circle one) Yes No EPSDT: (circle one) Yes No

Does your child have any medical concerns, allergies, physical disabilities or receive special services? _____ If yes, please explain: _____

Agency involved _____

Contact Person _____ Phone Number _____

Does your child receive any of the following: (please circle)

DSS Care for Kids Birth to 3 I.E.P.(*Individual Education Plan*)

Is your child toilet trained? (circle one) Yes No Other _____

Care needed when? _____ (circle one) Full time Part time

Signature _____ Application taken by: _____

In order to remain on our active list call every 6 months to update this application