



2020-2021
MANSFIELD SCHOOL READINESS
PROGRAM APPLICATION

Date received _____

Child's Full Name: _____ DOB: _____ Gender: _____
Home Address: _____

Parent/Guardian: _____ Parent/Guardian: _____
EMAIL: _____ EMAIL: _____
Home Address: _____ Home Address: _____
Phone (h): _____ Phone (h): _____
Phone (c): _____ Phone (c): _____

Total Household yearly income (verification required) \$ _____
Form of Verification (Check one): Tax Return/W-2 Letter of Employment Gov't Subsidy
Marital Status (Check one): Single Married Separated Divorced
The Child Resides with: _____ Family Size (Related to this income) _____
Health Insurance Type (Check one): Public Private

Do any children in the immediate family currently attend a program? If yes, where: _____
Center requested: [] Community Children's Center [] Mansfield Discovery Depot [] UConn Child Labs
Type of space: Full-time Part-time

- 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.
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.
I understand that, as a parent participant in the Mansfield School Readiness Program, I give my permission for my child's enrollment information to be submitted to the OEC's confidential Early Childhood Information System (ECIS).

Signature of Parent(s)/Guardian(s)

Date

Questions? Call 860.429.3338
Return completed form to:
Early Childhood Services Coordinator
4 S. Eagleville Rd, Room 25, Mansfield, CT 06268
Or scan and email to: dufresnes@mansfieldct.org



For office use
Slot Type: _____
Center: _____
Weekly Fee: _____