



2021-2022
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 once awarded a space. Documents accepted: Tax Return/W-2, pay stubs, or letter of employment.

Marital Status: (Circle one) Single Married Separated Divorced

Child Resides with: _____ Family Size: (Related to this income) _____

Health Insurance Type: (Circle one) Public Private

Center requested [] Community Children's Center [] Mansfield Discovery Depot
[] UConn Child Labs [] Mount Hope Montessori

Type of space requested: Full-time Part-time

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.
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: _____