



## MIDDLETOWN SCHOOL READINESS PROGRAM APPLICATION

Child's Full Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Race: WH BLK HSP AS OTHER \_\_\_\_\_ Gender(circle): Male Female

All Family Members/Siblings Living in House (full names):

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Is this child currently enrolled in the Care4Kids Program?(circle): YES NO

### PLEASE ATTACH THE FOLLOWING COPIES TO THIS APPLICATION:

\_\_\_\_\_ Copy of Child's Health Insurance Card Type(circle): public or private

\_\_\_\_\_ Copy of Child's Birth Certificate

\_\_\_\_\_ Verification of Middletown Address (utility bill)

\_\_\_\_\_ Three (3) Current Paystubs for each working parent

\_\_\_\_\_ Family Intake Form

\_\_\_\_\_ Family Nutrition Questionnaire