

# Thompson School Readiness Placement Application

Mary R. Fisher Elementary School

<b>STAFF USE ONLY- Eligibility Status</b> School readiness slot? Y/N Weekly Amt: _____ Mo. Payment amount: _____ Sliding scale fee reduction? Y/N Weekly Amt: _____ Mo. Payment amount: _____
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Name of preschool child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: M F

Ethnicity: Asian \_\_\_\_\_ Black \_\_\_\_\_ White \_\_\_\_\_ Hispanic \_\_\_\_\_ Other \_\_\_\_\_

Child lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Foster Parent \_\_\_\_\_ Other \_\_\_\_\_

Home Address: \_\_\_\_\_ Parent/Guardian E-Mail \_\_\_\_\_

Mailing Address if Different than Home: \_\_\_\_\_ Phone # \_\_\_\_\_

Mother or Guardian Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Employment Status: Employed Unemployed Stay at home parent Self-employed other \_\_\_\_\_

Employment Name/address: \_\_\_\_\_ Work hours: \_\_\_\_\_ Monthly Gross Income (before taxes) \_\$ \_\_\_\_\_

Father or Guardian's Spouse Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Employment Status: Employed Unemployed Stay at home parent Self-employed other \_\_\_\_\_

Employment Name/address: \_\_\_\_\_ Work hours: \_\_\_\_\_ Monthly Gross Income (before taxes) \_\$ \_\_\_\_\_

Please list everyone living in the household not already listed: \_\_\_\_\_ Total # of people in Household \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship to preschool child: \_\_\_\_\_

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Do your child/children have insurance? YES/ NO Insurance provider: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

Do you receive Care 4 Kids? YES/ NO How much do you receive in assistance? \_\_\_\_\_

**IMPORTANT: The SRC grant does require proof of income, such as four recent pay stubs from each working parent/guardian, or a recent tax return, in order to receive the sliding scale fee. Please attach the copies of income verification to this application.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_