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To Whom It May Concern:

Congratulations! By receiving this, we have determined your child is eligible to attend Silva’s School Readiness Program. The School Readiness Program is a Pre-School program designed to prepare children for kindergarten.

In order to complete your file, we require additional documentation (see below). Upon receipt, we will establish a start date for your child to begin our program.

\_\_\_ Child’s Birth Certificate

\_\_\_ Child’s Early Childhood Health Assessment Record (physical/immunization records)

\_\_\_ Child’s Health Insurance/Medical Card

\_\_\_ Proof of East Hartford Residency (lease, mortgage statement, bills, letter, etc… within 30 days)

\_\_\_ Proof of Income/Proof of Full-Time Employment (paystubs within 30 days)

\_\_\_ Most Recent Tax Return

Parents/Guardians must supply the required documentation as mandated by the School Readiness program. Income verification must be done every 6 months and each child must have a current physical/immunizations annually.

Your weekly fee is $145.00 until we receive all documentation. Parents/Guardians are required to pay their weekly fee and children must attend the program 5 days a week for at least 7 hours per day. The School Readiness program runs 52 weeks per year. Failure to comply may result in termination from this program. We look forward to partnering with you on your child’s development.

Sincerely,

Manuel J. Silva, Director

East Hartford School Readiness

Income Eligibility Application

Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Place and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Place and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is household receiving TFA (Temporary Family Assistance): \_\_\_\_\_ No \_\_\_\_\_ Yes

If Yes, please list the TFA Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all household income including but not limited to: employment, self-employment, pensions, rental properties, income from social security, unemployment, child support, cash gifts, lottery winnings, cash assistance, interest, alimony, foster care payments, veteran’s benefits

(Please provide documentation for all income sources)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Household Member | Employment Earnings | Welfare, Support, Alimony | Pension, Social Security, Retirement | Other Income |
|  |  |  |  |  |
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Child’s Pediatrician/Physician Name, Address, and Phone Number (please also note if your child is on the Husky plan):

Please provide the program with any other information to be considered when reviewing your application:

\*An adult household member must sign and date this application before it can be approved

**This information is true and correct as presented. I understand that failure to disclose all financial information may result in forfeiture of any assistance granted possible withdraw of my child (ren) from the program. I understand that this information will be kept confidential.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security # of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use:**

Total Family Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Family Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Weekly (Circle One) Parent Share: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Director/Account Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_