



Arkansas Department of Education
Office of Early Childhood
School Readiness Arrangement Form

This is NOT an approval for services.

Name of Casehead/Applicant
The CCDF Program Participant (Provider) must complete the information below

List children of casehead/applicant who are enrolled and complete all applicable information for each child. Return form to casehead upon completion.

Table with 3 columns: Child's Name, Age, Starting Date. Title: Child's Information

Table with 4 columns: Name of School Readiness Facility, Telephone Number, License Number, Mailing Address, City, Zip Code, County. Title: Facility Information

For additional information contact:

Family Support Specialist
Phone:
Email: