



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.

Child's Information		
Child's Name	Age	Starting Date

Facility Information						
Name of School Readiness Facility		Telephone Number		License Number		
Mailing Address		City	Zip Code	County		
Facility Type:	<input type="checkbox"/> School Readiness Center <input type="checkbox"/> Licensed School Readiness Home <input type="checkbox"/> Registered School Readiness Family Home <input type="checkbox"/> Out of School Time					
Quality Level:	<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2	<input type="checkbox"/> Level 3	<input type="checkbox"/> Level 4	<input type="checkbox"/> Level 5	<input type="checkbox"/> Level 6
Facility Email:						
Signature of Facility Director of Designee		Print Name				

For additional information contact:

Family Support Specialist  
Phone:  
Email: