



Edith B. Jackson Child Care Program, Inc., 405 Canner St., #1, New Haven, CT 06511

Office: Date \_\_\_\_\_ Accept \_\_\_\_\_ Starting Date \_\_\_\_\_

Parent/Parents/Legal Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email : \_\_\_\_\_

Parent's/Legal Guardian Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's/Legal Guardian Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_ City/Zip Code \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender \_\_\_\_\_

Siblings (Names/Ages): \_\_\_\_\_

Previous Child Care Experience: \_\_\_\_\_

Pediatrician Name & Phone Number: \_\_\_\_\_

Pediatrician Address \_\_\_\_\_

Specific Days of Care Needed: \_\_\_\_\_

Requested Starting Date: \_\_\_\_\_

Comments (allergies, special needs, etc.) \_\_\_\_\_

Please check here  if you would like information about EBJ Scholarship.

If you would like information about School Readiness Scholarship for Children 2.9 and older and living in New Haven.

Parent/Parents/Legal Guardian Signature

Enclosed is a \$35.00 Processing Fee which must accompany this application.  
(Please make check payable to "Edith B. Jackson Child Care Program or EBJ")