



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")