



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.

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")

*NOTE: If you are going to email this application to EBJ, please include in the subject line "APPLICATION".