



EDITH B. JACKSON CHILD CARE PROGRAM, INC.

405 CANNER STREET #1 NEW HAVEN CT 06511 (203) 764-9416

Office: Date _____ Accept _____ Starting Date _____

Parent/Parents' Name(s): _____

Address: _____

Phone: _____ FAX: _____ Email: _____

Parent's Occupation: _____

Employer: _____

Department: _____

Phone: _____ Email: _____

Parent's Occupation: _____

Employer: _____

Department: _____

Phone: _____ Email: _____

Other Yale Affiliation: _____

Child's Name: _____

Birth Date: _____ Gender: _____

Siblings (Names/Ages): _____

Previous Child Care Experience: _____

Pediatrician: _____

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

I give EBJ permission to talk with my child's previous child care provider. I understand that all information now and in the future remains confidential within the EBJ program. I understand that I must update this form every six months in order to keep it active.

Signed _____

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")