



22 WALL STREET NEW HAVEN, CONNECTICUT 06511 203 562 5437

APPLICATION FOR 2022-2023

CHILD 1 NAME: _____ CHILD 1 BIRTHDATE: _____

CHILD 1 PLACE OF BIRTH: _____

CHILD 2 NAME: _____ CHILD 2 BIRTHDATE: _____

CHILD 2 PLACE OF BIRTH: _____

PARENT/GUARDIAN: _____ PARENT/GUARDIAN: _____

STREET: _____ STREET: _____

CITY: _____ CITY: _____

STATE: _____ ZIP: _____ STATE: _____ ZIP: _____

OCCUPATION: _____ OCCUPATION: _____

HOME PHONE: _____ HOME PHONE: _____

WORK PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

E-MAIL: _____ E-MAIL: _____

HOME LANGUAGE: _____

PREVIOUS CHILD CARE ARRANGEMENTS: _____

ARE THERE ANY SPECIAL ISSUES FOR YOUR CHILD THAT WE SHOULD BE AWARE OF?

DOES YOUR CHILD HAVE AN IEP? YES NO AN IFSP? YES NO

WHAT TYPE OF HEALTH INSURANCE DOES YOUR FAMILY HAVE? PRIVATE HUSKY MEDICAID

WOULD YOU LIKE TO RECEIVE INFORMATION ON TUITION SUPPORT? YES NO

PLEASE RETURN THIS FORM VIA MAIL OR EMAIL TO:
JESS BIALECKI • DIRECTOR
CREATING KIDS AT THE CT CHILDREN'S MUSEUM
22 WALL STREET, NEW HAVEN, CT 06511
CREATINGKIDS@SNET.NET