22 WALL STREET NEW HAVEN, CONNECTICUT 06511 203 562 5437

APPLICATION

CHILD: _____ BIRTHDATE: _____

CHILD: _____ BIRTHDATE: _____

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? _____

_____

_____

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

WHICH IS YOUR FAMILY'S HEALTH INSURANCE? ☐ PRIVATE ☐ HUSKY ☐ MEDICAID

DO YOU HAVE A FAMILY DENTIST? ☐ YES ☐ NO

DOES YOUR CHILD HAVE A LIBRARY CARD? ☐ YES ☐ NO

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

PLEASE RETURN THIS FORM TO:

SANDRA MALMQUIST • DIRECTOR
CREATING KIDS AT THE CT CHILDREN'S MUSEUM
22 WALL STREET
NEW HAVEN, CT 06511

CT CHILDREN'S MUSEUM **Creating Kids** Creating Curriculum