

New Haven School Readiness Grant Application
Attn: Cynthia H. Olson
Phyllis Bodel Childcare Center at Yale School of Medicine, Inc.
367 Cedar St.
New Haven, CT 06510
(203) 785-3829

Dear Parent /Guardian,

Please complete the questions listed below and return with financial information (question #3) to the above address. If you have any questions, please do not hesitate to call.

Date: _____

Child's Name: _____ Date of Birth: _____

Race/Ethnicity: (Optional)

Asian _____ African American _____ Hispanic _____ White _____ Other _____

Parent/Guardian: _____

Address: _____

Email: _____

Telephone: _____ (home) _____ (work)

1. Number of people living in the household: _____

2. Health Coverage of Child: (Check one)

Public Health Insurance _____ Private Health Insurance _____ None _____

Does your child have a primary care physician? Yes _____ No _____

3. Gross annual family income: \$ _____

(Please enclose copies of four consecutive paychecks for all household wage earners).

To the best of my knowledge, the above information is complete and correct.

Parent/Guardian signature: _____