Child Care Request Form

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Parents Name \*

First

Last

Email \*

Home Address

Address Line 1

Address Line 2

City

State

Zip Code

Phone \*

I would like to look for care that is close to: \*

Family Size & Income

* 2 less than $54,930
* 3 Less than $69,090
* 4 Less than $83,250
* 5 Less than $97,410
* 6 Less than $111,570

If your total annual income is less than the amount listed for your family’s size, you may be eligible to receive subsidies that can off-set the cost of child care.

Child's Name \*

First

Last

Child's Gender \*

Child's Date Of Birth \*//

Child #2 Name

First

Last

Child #2 Gender

Child #2 Date Of Birth//

Child #3 Name

First

Last

Child #3 Gender

Child #3 Date Of Birth//

Are you interested in learning about Child Health Plus?

* Yes
* No

Additional Questions/Comments About Your Children's Needs

Phone

Submit

Fax 718-399-6505

Mail: 352-358 Classon Avenue, Brooklyn, NY 11238Bottom of Form