

DAY CARE REGISTRATION
DAY CARE CENTER /FAMILY DAY CARE/GROUP DAY CARE
(Please Print or Type)

PROVIDER INFORMATION:

Name _____

Address _____

Telephone _____

Signature _____

Date _____

**OWNER OF RECORD OF SUBJECT
PROPERTY:**

Name _____

Address _____

Telephone _____

Signature _____

1. Number of children cared for? (Do not include children related to resident household)

_____ *Four to Six*
_____ *Seven to Twelve*
_____ *Twelve or More*

Number children under 2 ½ years _____

2. Family and Group Day Care Only: Names and addresses of caregivers not living in household:

Name _____

Name _____

Address _____

Address _____

Telephone _____

Telephone _____

3. Date of PA. Department of Public Welfare approval _____ Attach Copy

4. Name and telephone number of person to contact in an emergency:

Name _____

Name _____

Address _____

Address _____

Telephone _____

Telephone _____

Planning Department Only:

Zoning Hearing Board Case# if required:

Approved by: _____

Date: _____

