



City Clerk's Office

# DAY CARE REGISTRATION

Please fill out COMPLETELY and return with \$25.00 FEE

### Office Use Only

Lic. #: \_\_\_\_\_  
Fee: \_\_\_\_\_  
Penalty: \_\_\_\_\_  
Exp Date: \_\_\_\_\_

Initial:   
Transfer:   
Renewal:

### PLANNING

Initial \_\_\_\_\_  
Date \_\_\_\_\_

### CITY CLERK

Initial \_\_\_\_\_  
Date \_\_\_\_\_

### APPLICANT (Licensee:

_____	( )
-------	-----

Name

Home Phone #

_____	_____
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Home Address

City/State/Zip

### DWELLING OWNER:

_____	( )
-------	-----

Name

Home Phone #

_____	_____
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Home Address

City/State/Zip

### CONTACT PERSON:

_____	( )
-------	-----

Name

Home Phone #

_____	_____
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Home Address

City/State/Zip

### (Certification by Michigan Department of Social Services)

(please attach copy of certification)

Certification # \_\_\_\_\_ Certification Date \_\_\_\_\_

No. of children provided for \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_