APPLICATION FOR CERTIFICATE OF APPROVAL FOR FAMILY CHILD CARE

1. We wish to provide child care for a child (children) in our home.

2. We would like to care for:
   
   Number of children: 
   
   Ages of children: Over_________ and under_________

3. Our reasons for wanting to care for a child (children) are:

   ___________________________________________
   
   ___________________________________________
   
   ___________________________________________

4. We understand that we shall be interviewed and a study of our home will be made after this and other required forms are completed and returned.

   _____________________________
   (Signature)

   _____________________________
   (Spouse's Signature)

   _____________________________
   (Date)

An approved home will receive a Certificate of Approval.

(Applicants are requested to fill in the attached supplementary section. If this form is not returned within thirty (30) days, your application will be considered as withdrawn. Another application may be made at any time.)
PERSONAL INFORMATION

NAME: ____________________________  ____________________________
       (Last) (First) (Maiden)       (Spouse)

ADDRESS: ____________________________  ____________________________
          (Number) (Street) (City) (St) (Zip Code)

BIRTHDATE: ____________  PH: ____________

BIRTHDATE: ____________  PH: ____________

PRESENT EMPLOYER: ____________________________  ____________________________
                    (Self)                   (Spouse)

CHILDREN LIVING AT HOME: ____________________________
                         ____________________________
                         ____________________________

OTHERS LIVING IN THE HOME: ____________________________
                          ____________________________
                          ____________________________
                          ____________________________

NUMBER OF CHILDREN & AGES RECEIVING CHILD CARE IN YOUR HOME:


Substitutes: (2)

1.
Name ____________________________  Phone ____________________________
Address ____________________________
Address ____________________________

2.
Name ____________________________  Phone ____________________________
Address ____________________________
Address ____________________________
Submit two (2) written references. (Omit this section for renewal of FCC license.)

Name, address, phone:

1. Name ____________________________ Phone ____________________________
   Address ___________________________________________________________
   Address ___________________________________________________________

2. Name ____________________________ Phone ____________________________
   Address ___________________________________________________________
   Address ___________________________________________________________