

**Application for RENEWAL of Family Child Care License or Residential Certificate**

**Note:** It may take up to 60 days to process your **completed** application. An application is considered complete when **all** required items listed below in Section C have been received by Child Care Licensing.

Mark which one you are applying for:  License Renewal  Residential Certificate (RC) Renewal

**SECTION A. IDENTIFYING INFORMATION:**

Applicant Legal Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Program Name: \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

(Complete Program Name only if your child care program has a name, in addition to your own name.)

Mailing Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Facility Street Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_

Primary Language, if other than English: \_\_\_\_\_ Interpreter's Name & Phone #: \_\_\_\_\_

Food Program Sponsor (if applicable): \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

# of **unrelated** children you currently care for: \_\_\_\_\_

**(Child Care Licensing does not regulate providers who only care for related children.)**

**SECTION B. HOUSEHOLD MEMBERS, EMPLOYEES, & VOLUNTEERS**

You must complete the following information for every person living in your home, including yourself. Copy and use additional pages if needed to include everyone.

Name	Date of Birth	Name	Date of Birth
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____

