



Office Use Only

CHILD CARE LICENSING PROGRAM

Division of Public Assistance
Child Care Program Office

PARENT LIST

This form is designed for your convenience in providing the licensing program the information requested. You have the option of providing your own list which meets the same informational elements of this form: the **names and mailing addresses and complete contact information** of parents who have had children in care during the past 12 months, whether or not they are currently enrolled. Parent comments are summarized in the licensing evaluation, which becomes part of the licensing record and is open to the public. If a parent reports a serious concern, the licensing program will investigate them.

Name of Facility: _____ Date: _____

Parent First and Last Name: _____

Home/Cell Phone: _____ Work Phone: _____

Mailing Address: _____

E-mail: _____

Children (Name/date of birth): _____

Parent First and Last Name: _____

Home/Cell Phone: _____ Work Phone: _____

Mailing Address: _____

E-mail: _____

Children (Name/date of birth): _____

Parent First and Last Name: _____

Home/Cell Phone: _____ Work Phone: _____

Mailing Address: _____

E-mail: _____

Children (Name/date of birth): _____

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