Child Day Care Registration Renewal

Program: ____________________________________________  CT License Exp. Date: __________
Location: ____________________________________________  State License Number: __________

Licensed Capacity: __________
Phone: __________________  email: ___________________  fax: ___________________

Licensed For: _____ Under Three  _____ Pre-School (3-5 Years)  _____ School Age

Program Director: ______________________________________
Person Responsible (If not Director): ____________________________
Business Owner (If other than Director): __________________________
Mailing Address: ____________________________________________

Director / Owner Signature: __________________________  Date: ___________________

FOR OFFICE USE ONLY:

Name of Inspector: __________________________  Inspection Date: __________
Reinspection Date: __________________________  Follow-Up Dates*:

Environment Health

Family Health

Supervisor Sign-off: __________________________  *Additional Charges: __________________

Drop-In Dates: __________________________  Complaint / Date: __________________

Rev. 8-2018