

CITY OF WARREN

**State License Day Care Center Registration**

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Name & Address of Property Owner: \_\_\_\_\_

\_\_\_\_\_

Name of Occupant: \_\_\_\_\_

Name & Address of Day Care Center Licensee: \_\_\_\_\_

\_\_\_\_\_

State License Number: \_\_\_\_\_

Number of children licensed for: \_\_\_\_\_

Number of employees required for child to caregiver ratio: \_\_\_\_\_

Phone Number \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

Date: \_\_\_\_\_

\_\_\_\_\_

Notary Public Signature, \_\_\_\_\_ County

My commission expires: \_\_\_\_\_

**Registration required by December 1<sup>st</sup> of every year**

**Fee \$15.00**

**ATTACH STATE LICENSE TO APPLICATION**