

AGENCY USE ONLY

Worker: _____

Area: _____

Cross Streets: _____

Case#: _____

License#: _____

**FAMILY/GROUP CHILD CARE HOME
RENEWAL APPLICATION
WASHOE COUNTY HUMAN SERVICES AGENCY**

350 S. Center Street
Reno, Nevada 89501-2103
Telephone: (775) 337-4470 Fax: (775) 337-4495

Please submit renewal fee of \$30.⁰⁰

Complete all sections. Write "none" if not applicable.

1. FACILITY IDENTIFICATION:

Child Care applicant: _____

Phone: _____ Fax No.: _____ E-mail Address: _____

Facility Address: _____ City: _____ Zip: _____

2. TYPE OF FACILITY: Check the type of care you are requesting a license to provide.

Home Child Care

Family Child Care home for up to 6 children ages _____ to _____

Group Child Care home for 7 to 12 children ages _____ to _____ (Special Use Permit required from Zoning)

Before and After School Care (select one): Yes _____ No _____

(Maximum three children including children 11 years and under living in the residence)

3. HOURS OF OPERATION:

Facility will operate (circle days): Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Facility will operate from _____ a.m./p.m. to _____ a.m./p.m. **OR**

Facility will operate 24 hours per day.

4. FACILITY RESIDENTS: List all persons who reside on the premises of facility. Include tenants, roomers, boarders, employees, family members, etc. Write "none" if no one lives on facility premises. Please use a separate page if needed.

Last name, First name, M.I. Birthdate Sex Social Security No. Alternate

Alternate (Last, First, D.O.B) CLEARED Pet Names Type (dog, cat, etc.) Rabies Exp.

- 5. I certify that my foregoing responses are true and correct. I understand that if I provide false information, my application can be denied or my license could be subject to revocation or denial.
- 6. AUTHORIZATION TO INVESTIGATE: I authorize Washoe County Human Services Agency to conduct any investigation necessary to process this application for child care license.

Date

Signature of person completing application

Persons with disabilities who require special accommodations or assistance completing this application should notify the Child Care Licensing Unit, Washoe County Human Services Agency, 350 S. Center Street, Reno, Nevada 89501-2103 in writing or by calling (775) 337-4470.