

CHILD CARE REGISTRATION FORM

FOR DEPARTMENT USE ONLY: Date of application.: _____ Approved by: _____	Application No.: _____ NO FEE Date: _____
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The undersigned requests registration of a:

Family Day Care Facility or an In-Home Preschool

Child Day Care Center or Stand-Alone Preschool

GENERAL INFORMATION

Applicant Name: _____

Name of Business: _____

Home Phone: _____ Business Phone (if different): _____

Address of Day Care Facility: _____

Mailing Address (if different): _____

Zoning: _____ Parcel No.: _____

PROJECT

(Please Circle)

1. Will the Day Care accommodate 12 or fewer children, <u>including your own</u> ?	YES	NO
2. Will care of the children take place within an existing single-family dwelling?	YES	NO
3. Will the entire business take place in: ____ the main dwelling ____ accessory building(s) ____ both?	YES	NO
4. Is the Day Care provider a resident of the dwelling where care will be provided?	YES	NO

If you answered "YES" to 1 through 4, please attach proof of written notification to all immediately adjoining neighbors (sample letter attached).

If you answered "NO" to any of the above, please discuss your proposal with City staff.

OTHER PERMITS REQUIRED:

Washington State Family Day Care License Number (attached copy):
City of Port Townsend Business License Number:
If you plan to erect a sign for your business, a sign permit may be required. Please discuss with City staff.

In the space below, please draw a plot plan indicating the location and use of all structures on the lot. Include adjacent streets, off-street parking, lot dimensions, and setbacks from the property lines.



The applicant understands that it is her/his responsibility to ensure that the facility complies with all building, fire, safety, and health code requirements.

The applicant hereby certifies that all of the above statements and the information contained in any exhibits and any other transmittals made herewith are true, and the applicant acknowledges that any action taken by the City of Port Townsend based in whole or in part on this registration form may be reversed if it develops that any such statement or other information contained herein is false.

The applicant does also defend, indemnify and hold the City harmless for any loss, injuries, damage, claims, or lawsuits, including attorney fees arising from the Child Care Facility except for the sole negligence of the City.

Prepared and submitted by: _____ Date: _____



Sample Letter

Date

Dear Neighbor:

This letter is to inform you that I have been licensed by the State Department of Social and Health Services to operate a Family Day Care Facility in my home at (Address). Though I am licensed to care for a maximum of (# of children) children ages birth to 11, my plan is to have no more than (#) Children here at any one time.

My hours of operation will be between _____ a.m. and _____ p.m. Monday through Friday.

If you have any questions or concerns, please feel free to call me at _____ or contact DSHS at 360.457.2522.

Sincerely,

Your Name