



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF FAMILY SERVICES/CHILD CARE LICENSING UNIT

**APPLICATION FOR LICENSE TO OPERATE A FAMILY DAY CARE HOME**

INITIAL  
 RENEWAL

**IDENTIFYING INFORMATION**

a) APPLICANT NAME (LAST, FIRST) \_\_\_\_\_ NAME OF SPOUSE \_\_\_\_\_

FACILITY ADDRESS (STREET) \_\_\_\_\_ CITY \_\_\_\_\_

COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_\_

b) MAXIMUM NUMBER OF CHILDREN TO RECEIVE CARE \_\_\_\_\_ AGE RANGE OF CHILDREN TO BE ENROLLED \_\_\_\_\_ DAYS OF OPERATION  
 M  T  W  Th  
 F  S  SUN CHILD CARE HOURS \_\_\_\_\_ TO \_\_\_\_\_

c) LIST NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING PROVIDER (USE SEPARATE PAGE IF NECESSARY AND ATTACH)

NAME	SOCIAL SECURITY NUMBER	SEX		RACE	DATE OF BIRTH	RELATIONSHIP TO PROVIDER	EMPLOYMENT	
		M	F				HOURS FROM	TO

Does any household member depend upon the applicant for extensive health care during the hours of child care?  YES  NO

HOUSING (FOR INITIAL APPLICANTS ONLY)

a) TYPE DWELLING  
 MOBILE HOME  APARTMENT  HOUSE  OTHER

b) FLOOR(S) FOR DAY CARE USE  
 BASEMENT  1ST FLOOR  2ND FLOOR  OTHER

c) SOURCE OF HEAT \_\_\_\_\_ d) WATER SYSTEM  
 PUBLIC  WELL WATER  OTHER

e) SEWAGE DISPOSAL SYSTEM  
 PUBLIC  OTHER (SPECIFY) \_\_\_\_\_ TYPE \_\_\_\_\_

f) LOCATION OF OUTDOOR PLAY SPACE \_\_\_\_\_ IS YARD FENCED?  
 YES  NO  
 HEIGHT OF FENCE \_\_\_\_\_

g) DIRECTIONS TO FACILITY \_\_\_\_\_