CCL. 205
Rev. 8/2011

Kansas Department of Health and Environment
Bureau of Child Care Licensing and Health Facilities
Child Care Licensing Program
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone: (785) 296-1270 Fax: (785) 296-0803
Website: www.kdheks.gov/kidsnet

LICENSED DAY CARE/GROUP DAY CARE HOME

INSTRUCTIONS: Record each child's name. Include the provider's own children under eleven years of age and any children for which an exception is requested (if requesting an exception to exceed capacity). Provide each child's date of birth, hours in care, and the days in care. **Draw a line from the time the child arrives to the time the child leaves.** All information must be complete. Incomplete forms will be returned.

Name of Facility (exactly as it appears on the license) License Number County

Street Address City Zip Code Phone Number Email

Name of Child Including First and Last Name	Date of Birth	Hours	Day(s) of Week	6:00 AM	6:30 AM	7:00 AM	7:30 AM	8:00 AM	8:30 AM	9:00 AM	9:30 AM	10:00 AM	10:30 AM	11:00 AM	11:30 AM	12:00 PM	12:30 PM	1:00 PM	1:30 PM	2:00 PM	2:30 PM	3:00 PM	3:30 PM	4:00 PM	4:30 PM	5:00 PM	5:30 PM	6:00 PM	6:30 PM	7:00 PM	7:30 PM	8:00 PM	8:30 PM	9:00 PM	9:30 PM	10:00 PM	10:30 PM	11:00 PM	11:30 PM	MIDNIGHT
Jane Doe	2/08/11	7:30am-4:30pm	MTWThF				←	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	→														

The attest that the above information is true and correct.

Provider's Signature _____ Date _____