



**CHILD CARE CENTER APPLICATION**

**PLEASE NOTE:** The premise must be inspected and approved by the Building Inspector, the Plumbing Inspector, the Electrical Inspector, Fire Department, and the City/County Health Department prior to the issuance of any license. All child care center located in residential areas must be approved by the Planning Commission and the City Council as special Permit Uses.

An annual fee of fifteen dollars (\$15.00), plus fifty cents (\$.50) per child, for a day care shall be collected and deposited with the City Clerk. The fee is based upon the maximum number of children you can care for.

**City and State licenses must be prominently posted on the premises for client's review.**

New \_\_\_\_\_

Renewal \_\_\_\_\_

Date \_\_\_\_\_

Name of Business \_\_\_\_\_

Address \_\_\_\_\_ City Midwest City State OK Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Federal ID #: \_\_\_\_\_ - \_\_\_\_\_

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

.....  
Name of Director/Owner \_\_\_\_\_ DOB: \_\_\_\_\_

SS#: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Educational Background & Experience**

High School \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

College \_\_\_\_\_ Major \_\_\_\_\_ Hrs Completed \_\_\_\_\_

Special Training (Courses or Experience in Child Care, First Aid, Home Nursing, CDA, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last first aid training: \_\_\_\_\_

Name, Address, phone numbers and title of all people working in the day care center.

NAME	ADDRESS	CITY	PHONE	TITLE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical History:**

Does all your staff meet the health requirements established by the Department of Human Resources and the County Health Department? \_\_\_\_\_ Yes \_\_\_\_\_ No

What age children do you plan to keep, expanded by age?

Age Group	Staff Ratio
1 -10 months _____	_____
10 – 2 years _____	_____
2 Years to 3 Years _____	_____
3 Years to 4 Years _____	_____
4 Years to 6 Years _____	_____
6 Years and over _____	_____

Number of bathrooms: \_\_\_\_\_

Are you licensed by the State and for how many children: \_\_\_\_\_ Yes \_\_\_\_\_ No

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**(Attach a copy of Your State/County License)**

I acknowledge receipt of copies of Ordinances 730, 1743, and the Zoning Ordinance; and I understand the requirements therein set forth. I agree that if I am granted a license or renewal, I will fully comply with all the requirements of the above ordinances and will permit City Officials to inspect child care premises at any time.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**TO BE FILLED OUT BY PLANNING DEPARTMENT:**

Is the Property properly zoned? \_\_\_\_\_

Total square feet of interior floor space. \_\_\_\_\_

Total square feet of lot area \_\_\_\_\_

Does the fence meet the requirements? \_\_\_\_\_

Maximum Number of children to be cared for at one time? \_\_\_\_\_

Are Emergency numbers for doctor, fire, ambulance, police, and poison center posted? \_\_\_\_\_

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Approved for license \_\_\_\_\_ date \_\_\_\_\_, 20\_\_\_\_\_

Approval Agent Signature \_\_\_\_\_ Date \_\_\_\_\_  
REV. 4/03 HDCA

License Number: \_\_\_\_\_ Issuing Clerk: \_\_\_\_\_