

THE TOWN OF SELBYVILLE

DAY-CARE APPLICATION

1. NAME OF APPLICANT _____
2. ADDRESS _____
3. PHONE NUMBER OF DAY-CARE _____
4. OWNER OF PROPERTY _____
5. STATE OF DELAWARE LICENSE NUMBER _____
(Attach a Copy of State License)
6. NUMBER OF CHILDREN (NOT RELATIVES) SUPERVISED _____
7. NUMBER OF CARE GIVERS _____
8. NAME OF CARE GIVER(S) _____
9. AGE OF CHILDREN (RANGE) _____
10. FAMILY DAY-CARE HOURS FROM: _____ TO: _____
11. I CERTIFY THAT I HAVE AT LEAST FIFTY (50) SQUARE FEET OF
OUTDOOR PLAY AREA FOR EACH CHILD AT THIS LOCATION.
12. I WILL NOTIFY THE TOWN OF SELBYVILLE WITHIN FOURTEEN (14)
DAYS IF FOR ANY REASON THE HOME IS NO LONGER USED AS A
FAMILY DAY-CARE HOME.

DATE

APPLICANT

RESPONSIBLE CARE-GIVER