



MECKLENBURG COUNTY
Health Department

REGISTRATION FORM FOR CHILD DAY CARE HOME

FACILITY NAME: _____

OWNER/OPERATOR: _____
(Last Name) (First Name) (Middle Name)

ADDRESS: _____
(House No.) (Street Name) (City) (Zip Code)

TYPE OF REQUEST:

- New Applicant (\$70.00 fee must be returned with application)
 Late Renewal (\$70.00 fee must be returned with application)
 ONTIME Renewal Applicant (\$40.00 fee must be returned with application)

1. List a telephone number where the operator can be reached during operation:

Home: (____) _____ Work: (____) _____ Cell: (____) _____

2. Indicate the Water Supply, Sewage Disposal, and Building Construction types:

WATER SUPPLY: Municipal/City Private Well

SEWAGE DISPOSAL: Municipal/City Septic Tank System

BUILDING TYPE: Single-Family Home Apt/Duplex/Condo

3. Indicate if you have any special instructions for the inspector:

Instructions: _____

I, _____ (owner/operator listed above) certify that I have received and read the *Mecklenburg County Health Ordinance/Rules Governing Child Day Care Homes* and after familiarizing myself with them, find that I am in compliance with all the rules and regulations contained therein. I have enclosed the appropriate fee indicated above and request that an inspection be made of the facility for the purpose of operating as a Child Day Care Home.

Signature: _____ Date: _____

In accordance with NCGS 25-3-506 and Mecklenburg County policy, a processing fee of \$25.00 will be applied for any check returned by the payor bank for insufficient funds or because the drawer did not have an account at the bank.

Office Use Only: \$ _____	Date: _____		
	Received By: _____		
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Charge
Reference No.: _____	Parcel: _____		



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INSTRUCTIONS FOR COMPLETING REGISTRATION FORM FOR CHILD DAY CARE HOMES

1. Enter the name of the facility, the name of the owner/operator, and the address of the facility.
2. Indicate whether the application is for a new facility or renewal of an existing facility. Note: if your registration has expired, you are considered to be a new facility and the new facility fee must be submitted with your registration form.
3. Provide telephone numbers that will allow us to contact you.
4. Indicate the type water supply, the sewage disposal method, and the type construction.
5. Provide Special instructions for your inspector. For example, indicate if your facility will be closed within the next two weeks or if you only operate during second shift.
6. Sign the document and return with the correct payment to the:

Mecklenburg County Health Department
700 N. Tryon Street, Suite 208
Charlotte, NC 28202