



**FOR OFFICE USE ONLY:**  
Date Received: \_\_\_\_\_

**APPLICATION FOR CHILD CARE CERTIFICATION - RELOCATION**

Name of Applicant:		Date of Move	
OLD Address:	City:	ZIP:	OLD Phone:
NEW Address:	City:	ZIP:	NEW Phone:
*Email Address:			

*\*By providing your email address you are expressing interest in 4-C and consent to receive emails from 4-C.*

Please list all individuals living in your home (including yourself, other adults, and children).		
Name – First and Last	Relationship	Date of Birth

Do you currently hold any other license/certificate to care for children and/or adults? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you rent the property where care is provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your water supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Well <i>If you have a private well, current water test results must be submitted for your new residence.</i>

To the best of my knowledge, the information I have given is correct. I understand that false information or failure to meet certification requirements and standards for providing child care will be grounds for termination from the program.

**Applicant Signature:**

X \_\_\_\_\_

Date: \_\_\_\_\_