



CHILD CARE ENROLLMENT REPORT
 NORTH DAKOTA DEPARTMENT OF COMMERCE
 DIVISION OF COMMUNITY SERVICES
 SFN 61059 (05/16)

Please complete and submit this form with all required supporting documents.

Name of Business		Early Childhood Services License Number	
First Name	Last Name		
Address	City	State	ZIP Code
Telephone Number	Email Address		

Type of Business (Check Only One)	
<input type="checkbox"/> Profit	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Public Early Childhood Program	
Type of License (Check Only One)	
<input type="checkbox"/> Licensed Family Child Care	<input type="checkbox"/> Multiple License
<input type="checkbox"/> Licensed Group Child Care	<input type="checkbox"/> Licensed School-Age Program
<input type="checkbox"/> Licensed Child Care Center	<input type="checkbox"/> Licensed Preschool

Current/Projected Number of Children Enrolled

	0-17 months
	18-35 months
	3 years
	4 years
	5 years
	6-12 years
	Total

Certification:

I, the undersigned authorized representative of the recipient, certify that to the best of my knowledge the information in the enrollment verification form is true and correct. I certify that the recipient represents a child care provider within the state of North Dakota and is in compliance with all local, state and federal laws and regulations. I also certify that the recipient is in good financial standing and has no delinquencies on existing North Dakota State Government grants or loans. Furthermore, I agree that the applicant will abide by the guidelines of the North Dakota Child Care Grant Program.

Name (Please Print)	Title
Authorized Signature (Daycare Provider)	Date