Municipality of Anchorage Child Care Licensing Program

Office Use Only	

PARENT LIST

This form is designed for your convenience in providing the licensing program the information requested. You have the option of providing your own list which meets the same informational elements of this form: the <u>names</u> <u>and mailing addresses and complete contact information</u> of parents who have had children in care during the past 12 months, whether or not they are currently enrolled. Parent comments are summarized in the licensing evaluation, which becomes part of the licensing record and is open to the public. If a parent reports a serious concern, the licensing program will investigate them.

Name of Facility:					Date:
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Parent First and Las	t <u>Name:</u>			Work Phone: Home/Cell	
Mailing Address:				Phone:	
				E-mail:	
	City	State	Zip Code		
Children (Name/date	e of birth):				
				Home/ Cell	
Parent First and La	st Name:			Phone:	
Mailing Address:				Work Phone:	
				E-mail:	
	City	State	Zip Code		
Children (Name/date	of birth):				
Parent First and Last Name:			Work Phone:		
3.6.00				Home/Cell	
Mailing Address:				Phone:	
	City	State	Zip Code	E-mail:	
	·	State	Zip Code		
Children (Name/date	e of birth):				
Parent First and Last Name:				Work Phone: Home/Cell	
Mailing Address:				Phone:	
				E-mail:	
	City	State	Zip Code		
Children (Name/date	of birth):				

CC100 Rev. 02/2018 Page 1 of 2

Parent First and Last Name:				Work Phone:	
Mailing Address:				Home/Cell Phone:	
				E-mail:	
	City	State	Zip Code		
Children (Name/date	of birth):				
Parent First and Last	Name:			Work Phone:	
Mailing Address:				Home/Cell Phone:	
				E-mail:	
	City	State	Zip Code		
Children (Name/date	of birth):				
Parent First and Last	Name:			Work Phone:	
Mailing Address:				Home/Cell Phone:	
e				E-mail:	
	City	State	Zip Code		
Children (Name/date	of birth):				
Parent First and Last	Name:			Work Phone:	
Mailing Address:	-			Home/Cell Phone:	
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	City	State	Zip Code		
Children (Name/date	of birth):				
Parent First and Last	Name:			Work Phone:	
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Children (Normalitate	City	State	Zip Code		
Children (Name/date	or dirui):				
Doronte First and I as	t Namo:			Work Phone:	
Parents First and Last Name:			<u> </u>		
Mailing Address:	-			Home/Cell Phone:	
	City	State	Zip Code	E-mail:	
Children (Name/date	·	.,,	r		
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CC100 Rev. 02/2018 Page 2 of 2