

**WEBSTER GROVES
DAY CARE CENTER/ HOME/ NURSERY SCHOOL
APPLICATION**

LICENSE FEE \$50.00

NAME OF SCHOOL _____

DIRECTOR _____

ADDRESS _____

PHONE NUMBER _____

IN LIEU OF THE FOLLOWING, APPLICANT MAY PROVIDE TO THE CITY A COPY OF THE APPLICATION FILED WITH THE DIVISION OF FAMILY SERVICES FOR THE STATE OF MISSOURI FOR ISSUANCE OF THE STATE'S LICENSE FOR A DAY CARE CENTER.

STARTING DATE _____

PHYSICIAN (If applicable) _____

NURSE (If applicable) _____

DIRECTOR _____

ASST. DIRECTOR _____

LIST ALL TEACHERS

_____	_____
_____	_____
_____	_____
_____	_____

HOURS OF OPERATION _____

TOTAL PUPILS IN ATTENDANCE _____

AGES _____ TO _____

FULL DESCRIPTION OF ACCOMODATIONS

NATURE AND KIND OF CARE, SUPERVISION, INSTRUCTION OR BENEFITS GIVEN WHETHER FULL OR PART-TIME.

IF A CORPORATION, PLEASE PRINT THE NAME AND ADDRESS OF EACH MEMBER OF THE BOARD OF DIRECTORS TOGETHER WITH A COPY OF THE ARTICLE OF INCORPORATION.

IF THE LICENSE APPLIED FOR IS TO CONDUCT, OPERATE, OR MAINTAIN A NURSERY SCHOOL, PRESCHOOL OR CHILD DEVELOPMENT CENTER, THEN IN ADDITION TO THE ABOVE, THE APPLICATION MUST BE ACCOMPANIED BY CERTIFICATES SHOWING THE EDUCATIONAL QUALIFICATIONS OF THE PERSONS WHO ARE TO FURNISH THE CARE OR INSTRUCTION TO THE CHILDREN.

FORM MUST BE RETURNED WITH HEALTH CERTIFICATES OF ALL EMPLOYEES AND COPY OF STATE LICENSE ISSUED FROM THE MISSOURI DIVISION OF FAMILY SERVICES

<u>FOR OFFICE USE ONLY</u>			
\$50.00 FEE PAID	_____	HEALTH CERTIFICATES	_____
FIRE CHIEF APPROVAL	_____	LICENSE MAILED	_____
STATE LICENSE	_____		