**Northeast District Department of Health**

***Sanitarian Approved Initial:***

***Date:***

***Emailed:***

**69 South Main Street, Unit 4**

**Brooklyn, CT 06234**

**Phone - (860) 774-7350 / Fax - (860) 774-1308**

[**www.nddh.org**](http://www.nddh.org)[**email@nddh.org**](mailto:email@nddh.org)

**DAY CARE APPLICATION**

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Operator/Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Email:

Establishment License No.: \_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licensed Capacity: \_\_\_\_\_\_\_\_\_\_\_ Age of Children: \_\_\_\_\_\_\_\_\_\_\_ Hours of Operation: \_\_\_\_\_\_\_\_\_\_\_\_

## Meal Program

Brought by Children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prepared on Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Prepared, What Type:

Breakfast: \_\_\_\_\_ AM Snack: \_\_\_\_\_\_ Lunch: \_\_\_\_\_\_ PM Snack: \_\_\_\_\_\_ Dinner: \_\_\_\_\_\_

**Water Supply**   **Sewage Disposal**

City: \_\_\_\_\_\_\_\_Well: \_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_Well: \_\_\_\_\_\_\_\_\_\_\_

Type of Well: \_\_\_\_\_\_\_\_\_\_\_\_\_ Last Date Pumped: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Date Tested: \_\_\_\_\_\_\_\_\_\_

**Submit Copy of Analysis Submit Copy of Receipt**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (Please Print) Signature**

#### Date

*NDDH Use Only*

*Date: \_\_\_\_\_\_\_\_\_\_\_ Fee: \_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_ CC E-Check Cash Receipt #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date: \_\_\_\_\_\_\_\_\_\_\_ Fee: \_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_ CC E-Check Cash Receipt #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*NDDH Use Only File/ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date: \_\_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CC E-Check Cash Receipt #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date: \_\_\_\_\_\_\_\_\_\_\_ Late/Penalty/Other Fee: \_\_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CC E-Check Cash*

*Receipt #\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

NDDH Use Only

File/ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check # \_\_\_ \_\_\_\_\_\_\_\_ Receipt # \_\_\_\_\_\_\_\_\_ Cash Credit Card

NDDH Use Only

File/ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check # \_\_\_ \_\_\_\_\_\_\_\_ Receipt # \_\_\_\_\_\_\_\_\_ Cash Credit Card