



ELLETTSVILLE FIRE DEPARTMENT RECORD OF NOTIFICATION OF HOME CHILD CARE

Spoke To : \_\_\_\_\_ Rank: \_\_\_\_\_

Responding Fire Station Address: \_\_\_\_\_

Address of Child Care Home: \_\_\_\_\_ City: \_\_\_\_\_

Home Owner: \_\_\_\_\_

Home Owner Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Provider : \_\_\_\_\_

Primary Provider Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Assistant Providers: \_\_\_\_\_

Child Care Home Telephone Number: \_\_\_\_\_

Neighbor's Name and Phone Number: \_\_\_\_\_  
(Obtain Permission from neighbor before supplying this information)

Care is provided on the following days: (check all that apply)

- Monday Tuesday Wednesday Thursday
Friday Saturday Sunday

Maximum Capacity of Children: \_\_\_\_\_ Age Ranges: \_\_\_\_\_

List below the number of children you have with medical conditions, which require special considerations for moving the child or essential medical equipment necessary for the child's positioning/health needs. List also the number of children you may have with special communication needs. (Important confidentiality notice: Do not put name of child on this form, only the number of children)

Table with 2 columns: Number of Children, Special Considerations (ex.uses a wheel chair)

Primary Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Make copy for secretary to file, give original back to primary provider