

2025-2027 Child Care Registration

(License Expires 8/31/2027)

West Hartford-Bloomfield Health District

580 Cottage Grove Road, Suite 100

Bloomfield, CT 06002

Phone: (860) 561-7900 Fax: (860) 561-7918

***** For Office Use Only*****

Fee Paid: \$ _____ .00

Check/CC Approval#: _____

Money Order: _____

Cash: _____

Receipt #: _____

Name of Child Care Program: _____

Address of Child Care Program: (# and Street) _____

Town _____ Zip _____

Phone _____ Fax: _____ Email _____

Mailing Address (if different than above) _____

Town: _____ State _____ Zip _____

Name of Operator: _____

Name of Owner: _____

Address of Owner: _____

Town _____ State _____ Zip _____

Management Company (if applicable): _____

Address of Management Co.: _____

Town: _____ State _____ Zip _____

Phone: _____ Contact Person: _____

License Number: _____ Expiration Date: _____

Licensed Capacity: _____ Under Three Endorsement: _____

Signature of Owner: _____ Date: _____

Printed Name of Owner: _____