



**Application for Approval
Child Care Home**

Applicant

Name: _____
 Street Address/P O Box: _____
 City, State, Zip: _____
 Home Telephone: _____
 Cell Telephone: _____
 Email Address: _____

Proposed Child Care Center

Street Address (if different from Applicant): _____
 City, State, Zip (if different from Applicant): _____
 Business Telephone (if different from Applicant): _____

Number of Children	Days Per Week	Hours of Operations
	License Approved/Date	Licensing Pending Approval
Status of State of Colorado Licensing		
	Insurance Acquired/Date	Insurance Pending Approval
Status of Child Care Insurance		

I/We (Applicant) _____ hereby declare that I/We have read and understand the Battlement Mesa Service Association Child Care Home Guidelines and agree to comply.

Applicant Signature: _____ Date: _____

Return completed application to: BMSA, 401 Arroyo Drive/P O Box 6006, Battlement Mesa, CO 81636

Do Not Write Below This Line (BMSA Use Only)

Delegate Area (Village) _____

No. of Child Care Homes in Delegate Area: _____ No. Permitted in Delegate Area: _____

Date Application Received by BMSA Office: _____

BMSA Action Taken: _____
 Approved Denied Board Approval Date

BMSA President's Signature: _____

The Colorado Dream

401 Arroyo Drive · PO Box 6006 · Battlement Mesa, CO 81636

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