

## RiverStone Health Drop-in Child Care Facility Registration Application

Establishment Name:		
Establishment Address:		
Mailing Address:		
Telephone:Fax:_	Email:	
What is the occupancy capacity of	f your facility according to the f	ire code?
Operator Name:	Op	erator Telephone:
Is operator current on MMR and Td Is operator First aid or CPR Certified First Aid expiration date:	1?	Tdap date:
Employee Information:		
Employee Name: Is employee current on MMR and To Is employee First aid or CPR Certifie First Aid expiration date:	dap vaccinations? MMR date: ed?	Tdap date:
Employee Name: Is employee current on MMR and To Is employee First aid or CPR Certifie First Aid expiration date:	dap vaccinations? MMR date: cd?	Tdap date:
Employee Name: Is employee current on MMR and To Is employee First aid or CPR Certifie First Aid expiration date:	dap vaccinations? MMR date: ed?	Tdap date:
Employee Name: Is employee current on MMR and To Is employee First aid or CPR Certifie First Aid expiration date:	dap vaccinations? MMR date: ed?	Tdap date:

Employee Name:			
Is employee current on MMR and Tdap vaccinations? MMR date:			Tdap date:
Is employee First aid or CPR Certif			
First Aid expiration date:	CPR expiration	1 date:	
Employee Name:			
Is employee current on MMR and	Idap vaccinations? MM	IR date:	Tdap date:
Is employee First aid or CPR Certif	-		1
First Aid expiration date:	CPR expiration	n date:	
Employee Name:			
Employee Name:	Idap vaccinations? MM	R date:	Tdap date:
Is employee First aid or CPR Certif	ied?		-
First Aid expiration date:	CPR expiration	n date:	
Employee Name:			
Employee Name:	Edan vaccinations? MM	R date:	Tdap date:
Is employee First aid or CPR Certif		.n date	
First Aid expiration date:		n date:	
		- uutor	
Employee Name:			
Is employee current on MMR and	-	IR date:	Tdap date:
Is employee First aid or CPR Certif		1	
First Aid expiration date:	CPR expiration	1 date:	
Employee Name:			
Is employee current on MMR and		R date:	Tdap date:
Is employee First aid or CPR Certif			
First Aid expiration date:	CPR expiration	1 date:	
Application Approved:			Date:
(	Local Health Authority	Signature)	
This application mus	st be remitted with ins	pection fee payab	le to RiverStone Health
	For Office	Use Only	
Registration Certificate Number:		_Inspection Date: _	
C .		-	
Check Number:D	ate Paid:	_Check Amount:	Year: <u>20</u>