



RiverStone Health
Drop-in Child Care Facility Registration Application

Establishment Name: _____

Establishment Address: _____

Mailing Address: _____

Telephone: _____ **Fax:** _____ **Email:** _____

What is the occupancy capacity of your facility according to the fire code? _____

Operator Name: _____ **Operator Telephone:** _____

Is operator current on MMR and Tdap vaccinations? MMR date: _____ Tdap date: _____

Is operator First aid or CPR Certified?

First Aid expiration date: _____ CPR expiration date: _____

Employee Information:

Employee Name: _____

Is employee current on MMR and Tdap vaccinations? MMR date: _____ Tdap date: _____

Is employee First aid or CPR Certified?

First Aid expiration date: _____ CPR expiration date: _____

Employee Name: _____

Is employee current on MMR and Tdap vaccinations? MMR date: _____ Tdap date: _____

Is employee First aid or CPR Certified?

First Aid expiration date: _____ CPR expiration date: _____

Employee Name: _____

Is employee current on MMR and Tdap vaccinations? MMR date: _____ Tdap date: _____

Is employee First aid or CPR Certified?

First Aid expiration date: _____ CPR expiration date: _____

Employee Name: _____

Is employee current on MMR and Tdap vaccinations? MMR date: _____ Tdap date: _____

Is employee First aid or CPR Certified?

First Aid expiration date: _____ CPR expiration date: _____

Employee Name: _____
Is employee current on MMR and Tdap vaccinations? MMR date: _____ Tdap date: _____
Is employee First aid or CPR Certified?
First Aid expiration date: _____ CPR expiration date: _____

Employee Name: _____
Is employee current on MMR and Tdap vaccinations? MMR date: _____ Tdap date: _____
Is employee First aid or CPR Certified?
First Aid expiration date: _____ CPR expiration date: _____

Employee Name: _____
Is employee current on MMR and Tdap vaccinations? MMR date: _____ Tdap date: _____
Is employee First aid or CPR Certified?
First Aid expiration date: _____ CPR expiration date: _____

Employee Name: _____
Is employee current on MMR and Tdap vaccinations? MMR date: _____ Tdap date: _____
Is employee First aid or CPR Certified?
First Aid expiration date: _____ CPR expiration date: _____

Employee Name: _____
Is employee current on MMR and Tdap vaccinations? MMR date: _____ Tdap date: _____
Is employee First aid or CPR Certified?
First Aid expiration date: _____ CPR expiration date: _____

Employee Name: _____
Is employee current on MMR and Tdap vaccinations? MMR date: _____ Tdap date: _____
Is employee First aid or CPR Certified?
First Aid expiration date: _____ CPR expiration date: _____

Application Approved: _____ **Date:** _____
(Local Health Authority Signature)

This application must be remitted with inspection fee payable to RiverStone Health

For Office Use Only

Registration Certificate Number: _____ Inspection Date: _____
Check Number: _____ Date Paid: _____ Check Amount: _____ Year: 20____