



DEPARTMENT OF CHILDREN'S SERVICES  
 CHILD CARE LICENSING DIVISION  
 3152 CLAY MANGUM LANE  
 TAMPA, FLORIDA 33618  
 TELEPHONE: (813) 264-3925  
 FAX: (813) 264-2118

**FAMILY CHILD CARE HOME PRE-APPLICATION**  
**(TYPE OR PRINT IN INK)**

Please send in this completed Pre-Application with the \$25.00 non-refundable fee in the form of a check or money order made payable to BOCC (Board of County Commissioners).

NAME OF APPLICANT: \_\_\_\_\_ D.O.B. \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

MAILING ADDRESS (IF APPLICABLE):

\_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

OWNER OF PROPERTY WHERE YOU LIVE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WERE YOU PREVIOUSLY LICENSED AS A FAMILY CHILD CARE PROVIDER? YES \_\_\_\_\_ NO \_\_\_\_\_

IF SO: WHAT NAME WERE YOU LICENSED UNDER? \_\_\_\_\_

WHAT ADDRESS WERE YOU LICENSED AT? STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

WHEN DID YOU CLOSE YOUR FAMILY CHILD CARE HOME? \_\_\_\_\_

FAMILY MEMBER/OTHERS LIVING ON THE PROPERTY:

1. \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ D/O/B: \_\_\_\_\_

2. \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ D/O/B: \_\_\_\_\_

3. \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ D/O/B: \_\_\_\_\_

4. \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ D/O/B: \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**A confirmation letter will be mailed prior to your scheduled class date**