



Municipality of Anchorage
Child Care Licensing Program

PARENT LIST

Office Use Only

This form is designed for your convenience in providing the licensing program the information requested. You have the option of providing your own list which meets the same informational elements of this form: the names and mailing addresses and complete contact information of parents who have had children in care during the past 12 months, whether or not they are currently enrolled. Parent comments are summarized in the licensing evaluation, which becomes part of the licensing record and is open to the public. If a parent reports a serious concern, the licensing program will investigate them.

Name of Facility: Date:

Parent First and Last Name: Work Phone: Home/Cell Phone: E-mail: Mailing Address: City State Zip Code Children (Name/date of birth):

Parent First and Last Name: Home/Cell Phone: Work Phone: E-mail: Mailing Address: City State Zip Code Children (Name/date of birth):

Parent First and Last Name: Work Phone: Home/Cell Phone: E-mail: Mailing Address: City State Zip Code Children (Name/date of birth):

Parent First and Last Name: Work Phone: Home/Cell Phone: E-mail: Mailing Address: City State Zip Code Children (Name/date of birth):

Parent First and Last Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

City State Zip Code E-mail: \_\_\_\_\_

Children (Name/date of birth): \_\_\_\_\_

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Parent First and Last Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

City State Zip Code E-mail: \_\_\_\_\_

Children (Name/date of birth): \_\_\_\_\_

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Parent First and Last Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

City State Zip Code E-mail: \_\_\_\_\_

Children (Name/date of birth): \_\_\_\_\_

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Parent First and Last Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

City State Zip Code E-mail: \_\_\_\_\_

Children (Name/date of birth): \_\_\_\_\_

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Parent First and Last Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

City State Zip Code E-mail: \_\_\_\_\_

Children (Name/date of birth): \_\_\_\_\_

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Parents: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

City State Zip Code E-mail: \_\_\_\_\_

Children (Name/date of birth): \_\_\_\_\_

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