

REQUEST OF CHILD CARE FORMS
Michigan Department of Licensing and Regulatory Affairs
Child Care Licensing Division

MAIL REQUEST TO: Department of Licensing and Regulatory Affairs Child Care Licensing Division 611 W. Ottawa, 1 st Fl. P.O. Box 30664 Lansing, MI 48909-8164 Fax: (517) 284-9709	MAIL FORMS TO: (LICENSEE) <hr/> Name <hr/> Facility Name <hr/> Street Address <hr/> City/State/Zip <hr/> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">License #</td> <td style="border: none; border-left: 1px dotted black;">Capacity</td> </tr> </table> <hr/> Phone #	License #	Capacity
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www.michigan.gov/michildcare.
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FAMILY AND GROUP CARE HOMES

NAME OF FORM	FORM #	QUANTITY
Child Information Record	BCAL-3731	
Child In Care Statement/Receipt	BCAL-3900	
Licensing Rules for Family and Group Care Homes	BCAL PUB 724	

CHILD CARE CENTERS

NAME OF FORM	FORM #	QUANTITY
Child Information Record	BCAL-3731	
Licensing Rules for Child Care Centers	BCAL PUB 8	

Health Appraisal [children] (MDHHS/BCAL-3305) - This form can only be downloaded and printed from our Web site or ordered from the Department of Health and Human Services, via fax at **517-335-9855**.