

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

**Directions:** Complete the mailing/license information and check the box next to the forms you are requesting. Email the completed form to [cclb-help@michigan.gov](mailto:cclb-help@michigan.gov). Once the *Request of Child Care Forms* is received, a packet of the requested forms will be mailed to you. The number of forms provided will be based on your facility's capacity.

Facility Name:	License Number	
Licensee/Licensee Designee	Capacity (Centers Only)	Phone Number
Mailing Address	City & State	Zip Code

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<b>FAMILY AND GROUP CHILD CARE HOME FORMS</b>		
<b>Requested</b>	<b>Name of Form</b>	<b>Form Number</b>
<input type="checkbox"/>	Child Information Record	CCL-3731
<input type="checkbox"/>	Child In Care Statement/Receipt	CCL-3900
<input type="checkbox"/>	Licensing Rules for Family and Group Care Homes	PUB 724
<input type="checkbox"/>	Public Act 116	CWL-PUB-14

<b>CHILD CARE CENTER FORMS</b>		
<b>Requested</b>	<b>Name of Form</b>	<b>Form Number</b>
<input type="checkbox"/>	Child Information Record	CCL-3731
<input type="checkbox"/>	Licensing Rules for Child Care Centers	PUB 8
<input type="checkbox"/>	Public Act 116	CWL-PUB-14

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