

IF APPLICANT(S) WORK OUTSIDE OF HOME, DESCRIBE CHILD CARE PLANS: _____

VI. DESCRIBE YOUR EXPERIENCE WITH CHILDREN OTHER THAN YOUR OWN. THESE MAY INCLUDE CARE OF RELATIVE'S CHILDREN, TEACHING SUNDAY SCHOOL, WORK WITH SCOUTS OR OTHER GROUPS, ETC.

WHY DO YOU WANT TO PROVIDE CHILD CARE? _____

STATE THE AGE RANGE, SEX, AND NUMBER OF CHILDREN YOU WOULD LIKE TO HAVE IN YOUR HOME:

VII. REFERENCES: You must list at least three (3) persons unrelated to you who know how you care for children

1. Name _____ Phone _____
Address _____ City _____ Zip Code _____

2. Name _____ Phone _____
Address _____ City _____ Zip Code _____

3. Name _____ Phone _____
Address _____ City _____ Zip Code _____

IF EITHER APPLICANT HAS BEEN AN ILLINOIS RESIDENT FOR LESS THAN FIVE YEARS, INCLUDE TWO REFERENCES FROM THE PREVIOUS RESIDENCE STATE:

4. Name _____ Phone _____
Address _____ City _____ State _____ Zip Code _____

5. Name _____ Phone _____
Address _____ City _____ State _____ Zip Code _____

I/WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE. I/WE UNDERSTAND THAT MAKING MATERIALLY FALSE STATEMENTS IN ORDER TO OBTAIN A LICENSE OR PERMIT CONSTITUTES A CLASS A MISDEMEANOR AND THAT I/WE MAY BE PROSECUTED FOR SUCH MISCONDUCT.

Signature (Applicant A)

Signature (Applicant B)