BACKGROUND CHECKS CENSUS

LICENSED FACILITY _____

TOWN _____ DATE ____/____/____

Directions: Please have all persons 16 years of age and over who may be present at the above named licensed facility during hours the children are in care. Do not list parents unless they assist in the provision of child care.

For office use only		Last Name, First Name	Paid	Volunteer	Other
C	A				

To the best of my knowledge, the above list of names represents those persons who may be present during hours children are in care at the facility listed above.

Signature of person completing form _____