

MONTHLY REPORT OF LICENSED CHILD CARE CENTERS AND HOMES (As Required by IC 12-17.2-2-1.5)

State Form 46789 (R / 10-09) / BCC 0007

INSTRUCTIONS: This form should be completed by the 15th of each month.
Submit completed form to: Division of Family Resources
402 W. Washington St., Rm. W361
Indianapolis, IN 46204-2243

Signature of person completing form	Signature c
License Identification number	License Ide
Name of ☐ Center ☐ Home <i>(check one)</i>	Name of [
Date form completed (<i>month, day, year</i>)	Date form o

								NAME OF CHILD
								DATE OF BIRTH (month, day, year)
								ENROLLED Indicate by Check Mark (✔)
								WITHDRAWN Indicate by Check Mark (✔)
								VERIFICATION OF BIRTHDATE COMPLETED Indicate by Check Mark (\checkmark)
								PARENT'S PERMISSION FORM SIGNED Indicate by Check Mark (✔)