



## Unlicensed Child Care Organization Registration Application

|   |  |                          |                 |
|---|--|--------------------------|-----------------|
| Organization Name   |  |                          |                 |
| Colorado Account Number, if applicable  |  |                          |                 |
| <b>Indicate Type of Organization</b><br><input type="checkbox"/> Individual <input type="checkbox"/> Limited Liability Limited Partnership (LLLP) <input type="checkbox"/> Estate <input type="checkbox"/> Non-profit 501(C)(3) (Please enclose copy of the IRS letter of exemption.)<br><input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other Non-profit<br><input type="checkbox"/> Limited Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other<br><input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Association |  |                          |                 |
| Trade Name/Doing Business As (if applicable)  |  |                          | FEIN            |
| Address of Principal Place of Business in Colorado  |  | City                     | State      Zip  |
| County  |  | Phone Number<br>(      ) |                 |
| In Care of (C/O)-Last Name  |  | First Name               | Middle Initial  |
| Mailing Address (if different from above, include Unit #)   |  | City                     | State      Zip  |
| <b>Check One</b><br><input type="checkbox"/> Register an unlicensed child care program.<br><input type="checkbox"/> Register a grant or loan program for parents in Colorado requiring financial assistance for child care.<br><input type="checkbox"/> Register a training program for child care providers.<br><input type="checkbox"/> Register an information dissemination program in Colorado to provide information and referral services to assist parents in obtaining child care.   |  |                          |                 |
| Explain why donations to this organization qualify for the child care contribution credit.  |  |                          |                 |
| Do all of your programs qualify for the credit? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                          |                 |
| If not, specify which programs do qualify.  |  |                          |                 |
| Why is a Department of Human Services license not required?   |  |                          |                 |
| Attach copies of brochures, newspaper articles, community publications and other documentation to support the information above.  |  |                          |                 |
| <b>I declare under penalty of perjury in the second degree that the statements made in this application are true and complete to the best of my knowledge.</b>  |  |                          |                 |
| Name of Organization Officer  |  | Title                    |                 |
| Signature of Organization Officer   |  |                          | Date (MM/DD/YY) |