



Unlicensed Child Care Organization Registration Application

Organization Name			
Colorado Account Number, if applicable			
Indicate Type of Organization			
<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.)
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Government	<input type="checkbox"/> Other Non-profit
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other
<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Association	<input type="checkbox"/> Trust	
<input type="checkbox"/> Limited Liability Partnership (LLP)			
Trade Name/Doing Business As (if applicable)			FEIN
Address of Principal Place of Business in Colorado		City	State Zip
County		Phone Number ()	
In Care of (C/O)-Last Name		First Name	Middle Initial
Mailing Address (if different from above, include Unit #)		City	State Zip
Check One			
<input type="checkbox"/> Register an unlicensed child care program.			
<input type="checkbox"/> Register a grant or loan program for parents in Colorado requiring financial assistance for child care.			
<input type="checkbox"/> Register a training program for child care providers.			
<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.			
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.			
Name of Organization Officer		Title	
Signature of Organization Officer			Date (MM/DD/YY)