



**COLLIN COUNTY  
DEVELOPMENT SERVICES**

**DAY CARE/PRIVATE SCHOOL  
HEALTH PERMIT APPLICATION**

FACILITY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DIRECTOR: \_\_\_\_\_

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

- TYPE OF FACILITY: ( ) DAY CARE CENTER – 12 + CHILDREN  
(CHECK ONE) ( ) GROUP DAY CARE HOME – 7 TO 12 CHILDREN  
( ) KINDERGARTEN & NURSERY OF SCHOOL  
( ) GRADES KINDERGARTEN & ABOVE

SIGNATURE OF APPLICANT: \_\_\_\_\_

TITLE: \_\_\_\_\_

***INSPECTION FEE \$150.00***