

Child Care Licensing
Parent Notification of Variance Request

Date: _____

I, _____, am requesting a variance from Washington County Child Care Licensing regarding my license capacity so that I may care for an additional child. I will be over my license capacity by one child: *(check one)*

- Infant** (child from 6 weeks to 1 year old)
- Toddler** (child from 1 - 2 years old)
- Preschooler** (child from 2 - 5 years old)
- Schooler-ager** (child from 5 - 11 years old)

If the request is approved the Variance will be from _____ to _____.

A variance can only be approved up to a maximum of 30 days. Number of days requested: _____.

Washington County Child Care Licensing requires that parents using Licensed Family Child Care be notified of their providers request for a variance. (Attach this form to variance request.)
Parents: Please sign below to indicate that you have been informed of this variance request.

Name	Date
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____