



**City of Harrisburg  
Building Services**

301 E Willow St Harrisburg, SD 57032  
Phone: 743-5872 x12 Fax: 743-2831

**DAY CARE  
REGISTRATION  
APPLICATION**

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

Day care business name: \_\_\_\_\_

Day care business street address: \_\_\_\_\_

Applicant mailing address: \_\_\_\_\_  
(If different than business address.)

Applicant e-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your day care business registered by the South Dakota Department of Social Services as a family day care home (per SDCL 26-6-14.2)? Yes  No

Is your day care business licensed by the state as a child welfare agency (per SDCL 26-6-14)? Yes  No

This Application form must be accompanied by a non-refundable Registration Fee of \$10.00.

I hereby certify that the above information is accurate and correct.

\_\_\_\_\_  
Applicant's signature

Please initial here if you want the City to not advertise your business: \_\_\_\_\_  
You may e-mail a signed copy of this form to: Michael.mcmahon@harrisburgsd.gov

**FOR CITY USE ONLY**

Date received: \_\_\_\_\_ Date Registration Certificate sent: \_\_\_\_\_