



Day Care Registration Application

Application Date: _____

Applicant name: _____

Day care business name: _____

Day care business address: _____

Applicant mailing address: _____

(if different)

Phone: _____

Email: _____

Building Services

301 E. Willow Street

Harrisburg, SD 57032

605.646.1344

buildingservices@harrisburgsd.gov

Type of day care:

In-Home Family Day Care

In-Home Group Day Care

Day Care Center

Date of CPR Certification (Provide copy): _____

Do you want your business to be included on the city day care provider list: Yes No

I, _____, certify that I have read the City of Harrisburg Municipal Ordinance and Zoning Regulations pertaining to day care and shall comply with all city and state regulations.

Applicant Signature: _____ **Date:** _____

Please submit completed and signed application with the non-refundable registration fee of \$10.00 to City Hall or via email to: buildingservices@harrisburgsd.gov

For City Use Only

Date received: _____

Date Registration Certificate sent: _____