



**City of Arlington  
Community Services Health Division  
Certified Child Care Trainer Registration**

**Please Print – All information must be complete**

**Name** \_\_\_\_\_  
Last First Middle Initial

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Drivers License #** \_\_\_\_\_ **Is this a Texas Drivers License** \_\_\_\_\_

**Texas State Child Care Director License #** \_\_\_\_\_ **Must Provide Copy of Certification**

**Name of Child Care Facility** \_\_\_\_\_

**Address of Child Care Facility** \_\_\_\_\_

**Phone Number of Child Care Facility** \_\_\_\_\_

I understand that giving false information will be grounds for revocation of this registration. I hereby certify that the above information is true and accurate.

\_\_\_\_\_  
Applicant's Signature Date