



## CHILD CARE CENTER APPLICATION ARKIDS, CHILD HEALTH, AND CHILD DEVELOPMENT FORM

Facility Name \_\_\_\_\_ License Number \_\_\_\_\_

List examples of information you have shared with families in the last 12 months and indicate the way(s) shared. Do not send copies of brochures or flyers.

Description of Information (List Examples)	Date Shared	WAYS INFORMATION IS SHARED				
		Bulletin Board	Handout	Newsletter	Handbook	Other (Please specify)
2.D.1 ARKids First						
2.D.2 Child Development						
2.D. 2 Children's Health						
2.D.2 Stages of Development						
3.D.1 Nutrition						
3.D.1.Physical Activity						

Save a copy of all documents for your records. Submit the completed application with documentation online through your ELS portal.

For more information: [www.ARBetterBeginnings.com](http://www.ARBetterBeginnings.com)

Phone: 501-320-6161

Email: [BetterBeginnings@dhs.arkansas.gov](mailto:BetterBeginnings@dhs.arkansas.gov)