Axtell Economic Development Corporation

Business Incentive Grant Application

LICENSED DAY CARE PROVIDERS

Name: _____ | _____

Address: _____

City: _____ State: _____ Zip: _____

e-mail: _____

Children Enrolled in DayCare

	Child #		Age		Hours/Day		Days/Wk		Total
	1								
	2								
	3								
	4								
	5								
	6								
	7								
	8								
	9								
	10								

Signature of Provider: _____ **Date:** _____