



# Department of Public Health and Human Services

Early Childhood Services and Family Support Division

Child Care Bureau / Child Care Licensing

## FBI FINGERPRINT

### Parent Consent for Minor

#### Minor Child Information

Name: \_\_\_\_\_  
*First Middle Last*

Date of Birth: \_\_\_\_\_ Person ID (PS#): \_\_\_\_\_

#### Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street/PO Box*

\_\_\_\_\_  
*City State Zip*

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

I consent to having my minor child fingerprinted for DPHHS/ECFSD/CCL (Child Care Licensing) for the purpose of working in a child care facility.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_