

PARENT INFORMATION BROCHURE ORDER FORM

NAME: \_\_\_\_\_

ADDRESS: (The brochures will be mailed to the address you provide.)

Street \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NUMBER OF BROCHURES REQUESTED: \_\_\_\_\_

After completing this form, please save it, then e-mail this completed form as an attachment to [DHHS.ChildCareLicensing@nebraska.gov](mailto:DHHS.ChildCareLicensing@nebraska.gov).

**You cannot directly submit the form without first saving it.**

DHHS Licensure Unit  
Child Care Licensing  
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