



APPLICATION FOR CHILD CARE HOME LICENSE

State Form 45290 (R13 / 2-20)

FAMILY AND SOCIAL SERVICES ADMINISTRATION

OFFICE OF EARLY CHILDHOOD AND OUT OF SCHOOL LEARNING

Name of applicant(s) (licensee)						Date of birth (month, day, year)	
Name of facility						County	
Address of child care home (number and street, city, state, and ZIP code)							
Mailing address, if different than above (number and street, city, state, and ZIP code)							
E-mail address			Maiden name(s) or other surname(s)			Telephone number (include area code) ()	
Type of child care home <input type="checkbox"/> Class I <input type="checkbox"/> Class II		Type of application <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Change from Class I to Class II				Year facility built (required)	
Days of Operation	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours	From:						
	To:						
Twenty-four (24) Hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Names of All People Residing in the Child Care Home					Date of Birth (month, day, year)		Relationship to Applicant
Desired capacity		Age range of children for whom you will provide care <input type="checkbox"/> Infants (0-16 months) <input type="checkbox"/> Toddlers (16-36 months) <input type="checkbox"/> Preschool (3-6 years) <input type="checkbox"/> School age (6-18 years)					
Are you interested in On My Way Pre-K? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you interested in CCDF? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date attended Orientation 2 training (month, day, year) (Initial applications only)		The water supply is: <input type="checkbox"/> Public <input type="checkbox"/> Private	
Have you ever operated a child care home? <input type="checkbox"/> Yes <input type="checkbox"/> No		County		State		Are you currently an LLEP accepting child care vouchers at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check if attached.	Items listed below must be submitted to the licensing consultant prior to the issuance of license. The items must be attached to this application. Missing attachments will delay the issuance of a license.						
<input type="checkbox"/>	1. A signed Statement of Attestation						
<input type="checkbox"/>	2. Signed release(s) to complete criminal history, Child Protective Services (CPS) and Sex offender registry checks for all adult household members, assistants, and volunteers						
<input type="checkbox"/>	3. National Criminal History Check for licensee only (Results are sent to FSSA.)						
<input type="checkbox"/>	4. Well test (if applicable)						
<input type="checkbox"/>	5. A W-9 form (if taking CCDF vouchers)						
<input type="checkbox"/>	6. Business permit to operate a Child Care Program						
PLEASE NOTE: By signing below I certify that all statements made in this application are correct to the best of my knowledge. I further certify that I have received a copy of the rules and regulations for child care homes and agree to abide by those rules and regulations. I further certify that no person, on the grounds of race, religion, color, sex, handicap, national origin, or ancestry, shall be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination under any program or activity in which this child care home operates or engages.							
Signature of applicant(s)				Title		Date (month, day, year)	

FOR STAFF USE ONLY

Name of licensing consultant	License number	Date entered (month, day, year)	Date application completed (month, day, year)
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