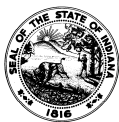

APPLICATION FOR LICENSE TO OPERATE A CHILD CARE CENTER
Under Indiana Code (IC 12-17.2-4-3)

State Form 23138 (R22 / 9-19)

OFFICE OF EARLY CHILDHOOD AND OUT OF SCHOOL LEARNING
Licensing Section MS-02
402 West Washington Street, Room W362
Indianapolis, Indiana 46204

Name of child care center	Name of child care center director	Title

Address of child care center *(number and street, city, state and ZIP code)*	Telephone number *(include area code)* ( )

Legal name of organization or owner *(must match previous applications, if submitted)*	E-mail address	**Year facility built *(required)***

Address where licensing information should be mailed *(number and street, city, state and ZIP code)*	County	Check one: ☐ Profit ☐ Not-for-profit

Please check all age groups and number of children in each age group requested:
☐ Infants ________ ☐ Toddlers ________ ☐ Preschool (3-5 years) ________ ☐ School age ________ ☐ Total ________

Days of Operation	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
Hours From:							
To:							
Twenty-four (24) Hours?	☐	☐	☐	☐	☐	☐	☐

BOARD OF DIRECTORS OR PERSON(S) LEGALLY RESPONSIBLE FOR THE CHILD CARE CENTER (See 470 IAC 3-4.7-1)

Name	Address	Occupation or Business	Telephone Number
President			
Vice President			
Secretary			
Treasurer			

Items listed below must be submitted to the FSSA/DFR prior to the issuance of an initial or renewal license. The items may be attached to this application; please check the appropriate box.

Are you interested in On My Way Pre-K? ☐ Yes ☐ No	Are you interested in CCDF? ☐ Yes ☐ No	Date attended Orientation 2 training *(month, day, year)* *(Initial applications only)*

Attached	**Date Sent *(if not attached)***	
☐	________	1. Request for National Criminal History Check for the authorized individual signing this application and the employee / volunteer.
☐	________	2. Applicant's Statement of Attestation (State Form 48629) for the authorized individual signing this application.
☐	________	3. Business permit to operate a Child Care Program
☐	________	4. Purpose(s) of the agency or incorporation papers if incorporated. *(Initial applications only)*
☐	________	5. Consent to Release Information (State Form 53323) on all staff and volunteers

THIS SECTION PERTAINS TO THE PLAN REVIEW DIVISION OF THE DEPARTMENT OF FIRE AND BUILDING SERVICES.

Check	**Date Sent**	*Please check one of the boxes and enter the date.*
☐	________	Per the Plan Review Division, the project does not need to be filed.
☐	________	The project requires submittal. One (1) set of building plans have been sent for review. Contact www.in.gov/dhs/3658.htm for assistance.

I certify that all statements made in this application, and any attachments thereto, are correct to the best of my knowledge. 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, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity in which this child care center operates or engages.

Signature of applicant in full	Owner / Title	Date *(month, day, year)*

FSSA / DFR USE ONLY

Center identification number	Name of consultant	Date entered *(month, day, year)*