



APPLICATION FOR REGISTRATION TO OPERATE AN UNLICENSED REGISTERED CHILD CARE MINISTRY

State Form 49439 (R14 / 9-19)

Submit completed application and attachments listed below to:
**OFFICE OF EARLY CHILDHOOD AND
OUT-OF-SCHOOL LEARNING
FAMILY AND SOCIAL SERVICES ADMINISTRATION**
402 West Washington Street, Room W361
Indianapolis, Indiana 46204

Under Indiana Code 12-17.2 -6

(Operated by a church or religious organization)

Operated by: <input type="checkbox"/> Church <input type="checkbox"/> Religious Organization	Have you attended Registered Ministry Orientation 2 training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date attended training (month, day, year) (Initial applications only)
Have you registered with the State Fire Marshal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you applying for Child Care Development Fund (CCDF)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you interested in On My Way Pre-K? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your water supply? (If private, attach water test results.) <input type="checkbox"/> Public <input type="checkbox"/> Private	Is your Sewage Disposal System? (If private, attach Indiana State Department of Health approval letter.) <input type="checkbox"/> Public <input type="checkbox"/> Private	

SECTION I

Name of applicant (church / religious organization responsible for operating child care facility)		Employer identification number (EIN)
Address (number and street, city, state, and ZIP code)		
County	Telephone number ()	Year facility built (required)

SECTION II

Name of child care ministry	
Location address (number and street, city, state, and ZIP code)	County
Mailing address (if different from location address) (number and street, city, state, and ZIP code)	County
Telephone number ()	E-mail address

SECTION III

Anticipated number of children		Age(s) of children <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Pre-school <input type="checkbox"/> School-age					
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"/>

SECTION IV

Name of Director of Child Care Ministry	Daytime telephone number ()
---	---------------------------------

SECTION V

List board of directors or person(s) legally responsible for the child care ministry.

Name and Title	Complete Address (number and street, city, state, and ZIP code)	Telephone number

It is understood and agreed that the applicant (religious organization) assumes all responsibilities as the sole operator of the registered child care ministry. I certify that all statements made in this application, and any attachments therein, are correct to the best of my knowledge.

(Must be signed by pastor of church / executive officer of the religious organization operating this child care ministry.)

Signature of applicant	Title	Date signed (month, day, year)
------------------------	-------	--------------------------------

APPLICATION WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING ATTACHMENTS:

1. Letter of Determination of Federal Income Tax exempt status as a church / religious organization under 501(c)(3) code from Internal Revenue Service (IRS)
2. Religious organizations MUST submit Indiana Secretary of State Articles of Incorporation, including certificate
3. Completed attestation statement signed by the same person signing the application (included in the application packet)
4. Completed State Form 53323, Consent to Release Information for Licensed Centers, Licensed Homes, Unlicensed Registered Ministries, and CCDF LLEPs, for person signing the application and all staff / volunteers (included in the application packet)
5. Certified check or money order only in the amount of fifty dollars (\$50) for non-refundable registration fee made payable to the Child Care Fund. State the name of the child care ministry on the check.
6. Please provide a statement from your leadership group dated within the last three (3) years.
7. Prepare a letter and drawing listing all of the rooms and areas of the building which are used by the child care ministry.