Reset Form

APPLICATION FOR REGISTRATION TO OPERATE AN UNLICENSED REGISTERED CHILD CARE MINISTRY

State Form 49439 (R12 / 6-17)
Approved by State Board of Accounts, 2017

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 *(check one)*: ☐ Church ☐ Religious organization	Have you attended New Applicant Training? ☐ Yes ☐ No	Date attended training (*month, day, year*)
Have you registered with the State Fire Marshal? ☐ Yes ☐ No	Are you applying for Child Care Development Fund (CCDF)? ☐ Yes ☐ No	
Is your water supply? (*If private, attach water test results.*) ☐ Public ☐ Private	Is your Sewage Disposal System? (*If private, attach Indiana State Department of Health approval letter.*) ☐ Public ☐ Private	

SECTION I

Name of applicant (*church / religious organization responsible for operating child care facility*)		EIN	
Address (*number and street*)	City	State	ZIP code
County	Telephone number ( )		

SECTION II

Name of Child Care Ministry			
Location address (*number and street*)	City	State	ZIP code
County	Telephone number ( )		
Mailing address (*if different from location address*)	City	State	ZIP code
County	E-mail address		

SECTION III

Anticipated number of children	Hours of operation From To	Ages of children: From To

SECTION IV

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

SECTION V

BOARD OF DIRECTORS OR PERSON(S) LEGALLY RESPONSIBLE FOR THE CHILD CARE MINISTRY:

NAME AND TITLE	COMPLETE ADDRESS (*include city 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 (*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. Copy of state or federal approved identification for the person signing the application
7. Prepare a letter and drawing listing all of the rooms and areas of the building which are used by the child care ministry

DISTRIBUTION: White and Canary - FSSA / OECOSL, Pink - Applicant