

ARKANSAS DEPARTMENT OF HUMAN SERVICES
Division of Child Care & Early Childhood Education

APPLICATION FOR CHILD CARE LICENSE/REGISTRATION

This application will not be considered complete until all information has been provided.

Please mark the type(s) of License you are applying for:	
/ / Infant & Toddler (Ages: Birth-36 months)	/ / Day Care Family Home
/ / Day Care Center (Ages: 2 ½ years-5 years)	/ / Sick Child Care
/ / School Age (Kindergarten & Up)	/ / Voluntary Registration

NAME OF FACILITY _____

ADDRESS _____

_____ PHONE () _____

TAX IDENTIFICATION OR SOCIAL SECURITY NUMBER: _____

NAME OF LICENSE HOLDER: _____

ADDRESS: _____

_____ PHONE () _____

** IF A BOARD WILL BE THE LICENSE HOLDER, ATTACH A COPY OF BOARD MEMBERS NAMES, ADDRESSES AND PHONE NUMBERS. IN ADDITION, A COPY OF ARTICLES OF INCORPORATION, WHICH HAVE BEEN FILED WITH THE SECRETARY OF STATE, AND ANY ADMENDMENTS, SHALL BE PROVIDED.

DATE FACILITY WILL BEGIN OPERATION _____ . FACILITY WILL BE OPEN: _____
MONTH TO _____ MONTH.

AND THE HOURS OF OPERATION ARE _____ TO _____ , FOR _____ DAYS PER

WEEK. OUR FISCAL/TAX YEAR WILL BE FROM _____ TO _____ .

PLEASE ATTACH THE FOLLOWING ITEMS:

1. DETAILED DIRECTIONS TO YOUR FACILITY/HOME
2. DIAGRAM OF THE FACILITY/BUILDING/HOME WHICH INDICATES ROOMS USED BY CHILDREN AND LOCATIONS FOR HAND WASHING AND TOILETING.
3. DAY CARE FAMILY HOMES-NAME ALL CAREGIVERS WITH THEIR AGES, ADDRESSES AND PHONE NUMBERS, AND ALL OTHER ADULTS IN THE HOME.
4. VOLUNTARY REGISTERED HOME-NAME ALL CAREGIVERS WITH THEIR AGES, ADDRESSES AND PHONE NUMBERS, AND ALL OTHER ADULTS IN THE HOME.
5. CENTER- NAME OF PROPOSED DIRECTOR AND DOCUMENTATION OF QUALIFICATIONS.
6. COPIES OF CRIMINAL RECORDS AND CHILD MALTREATMENT REGISTRY CHECKS ON APPLICANT.
7. COPIES OF FIRE AND HEALTH DEPARTMENT APPROVALS (IF APPLICABLE)

8. RATES TO BE CHARGED:

	INFANTS	TODDLERS	PRESCHOOL	SCHOOL AGE
HOURLY				
FULL DAY				
HALF DAY				
BEFORE & AFTER SCHOOL				
BEFORE SCHOOL				
AFTER SCHOOL				
NIGHT				

9. Has anyone in your immediate family (blood relative; by marriage; etc.); or anyone affiliated with your facility (sharing common ownership; board member; or any other interest) ever been debarred, terminated, suspended, or otherwise excluded from participation by a government unit?

YES _____ NO _____

If you answered YES, please list the name of the party or entity excluded: _____.

Relationship to you: _____.

Name of center or home excluded: _____.

“UNDER THE PROVISIONS OF THE CHILD CARE LICENSING ACT 434 OF 1969, AMENDED, I HEREBY MAKE APPLICATION FOR A LICENSE/REGISTRATION TO OPERATE A CHILD CARE CENTER/FAMILY HOME/VOLUNTARY REGISTERED HOME. I HAVE REVIEWED THE MINIMUM LICENSING REQUIREMENTS/REGISTRATION REQUIREMENTS, AND AGREE TO COMPLY WITH THEM.”

Signature of person who will hold the license/registration**

DATE

**** A LETTER OF AUTHORIZATION IS REQUIRED IF THE PERSON SIGNING THIS FORM IS ANYONE OTHER THAN THE OWNER.**

MAIL TO:

YOUR CHILD CARE LICENSING SPECIALIST