

Official Use Only-Application Received:

DAYCARE LICENSE APPLICATION

☐ NE	W Application	RENEWAL Application	☐ CHANG	SE OF ADDR	RESS	☐ CHANGE TY	PE OF LICENSE	
	Large Daycare (Center 26 or more children application fee \$325		-		er <i>up to 25 childi</i> cation fee \$250	ren	
	•	Facility up to 12 children application fee \$100		Family Daycare Home up to 6 children non-refundable license application fee \$100				
		he maximum number of individua nt load is determined by the local f	•	•		•	e purposes.	
NOTE:	The Maximum Number of Chi l	<i>ldren In Attendance</i> can be limited by <u>occ</u>	upant load, type	of license, the nu	mber of your	own children present an	d <u>local requirements</u> .	
Facil	ity Information							
Business Name								
Owner Name								
Facility	y Street Address							
City				State		Zip Code		
Facil	Facility Mailing Address - If different from above							
Name								
Street	Address							
City				State		Zip Code		
Cont	act Information							
Primar Phone	-			Secondary Phone				
Email .	Address- Important!							

List all Owners, Operators, Employees, and <u>All Other Individuals</u> age 13 years and older who have direct contact with children **or** that are regularly on the facility premises more than 12 hours per month.

❖ Please Complete ALL Areas Below For Each Individual Listed ❖

1	Name	Date of Hire (Month & Year)	Date of Birth	Last 4 digits of Social Security #	Relationship or Position at Facility
3 4 5 6 6 7 7 8 8 9 10 10 11 1 12 12 13 14 15 16 16 17 7 18 19 20 21 12 22 23 1	1				
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	2				
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	3				
6					
6	5				
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23					
9					
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10 11 12 13 14 15 16 17 18 19 20 21 22 23					
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Certification of Understanding

I hereby apply for a daycare license as indicated above in accordance with Idaho Code Title 39, Chapter 11.

I do hereby state that I have thoroughly read and reviewed the IDAPA 16.06.02 RULES GOVERNING STANDARDS FOR CHILD CARE LICENSING and I am prepared to comply with all of its provisions.

I understand that my facility must remain in compliance at all times with fire, safety and health requirements, and all owners, operators, and staff; and all other individuals thirteen (13) years of age or older who have unsupervised direct contact with children (or) all other individuals thirteen (13) years of age or older who are regularly (12 OR MORE HOURS PER MONTH) on the premises, must have successfully completed and received a clearance for a Department criminal history and background check.

I understand that I am to disclose by written statement, any revocation or other disciplinary action taken or in the process of being taken against myself as a daycare provider in Idaho or any other jurisdiction.

I understand that this document serves as the formal request upon which a decision to issue me a daycare license will be based. I agree, for the purpose of determining compliance with daycare licensing rules established by the Department of Health and Welfare and Idaho State licensing laws, to allow the Department access to the premises for re-inspection at any time during the licensing period.

I authorize investigation of all statements contained herein and understand that misrepresentation or omission of facts may result in denial of my application.

I do hereby state that the information provided on this application is true and correct to the best of my knowledge.

Signature_		Date		
_	Owner (or) Legally Responsible Representative			
Signature		Date		
	Additional Owner (or) Legally Responsible Representative (If Applicable)			

Please submit to:

IDAHOSTARS VENDOR SPECIALISTS 4355 W EMERALD ST STE 250 BOISE, ID 83706

OR

FAX: 208-345-2973

OR

EMAIL: VS@IDAHOAEYC.ORG