



DAYCARE LICENSE APPLICATION

Application type: NEW or RENEWAL with effective date fields.

Facility Type-Maximum number of children age 12 years and younger (including your own) that you want at your facility at any one time. NOTE: The maximum occupancy load of your facility will be determined by the fire inspector and may be lower than what you originally wanted.

Table with 2 columns and 2 rows listing facility types: Small Center, Large Center, FAMILY, and GROUP with their respective fees.

Facility Information

Form fields for Facility Information: Business Name, Owner Name, Director/Operator Name & Title, Facility Street Address, City, State, Zip Code.

Facility Mailing Address-If different from above

Form fields for Facility Mailing Address: Address, City, State, Zip Code.

Contact Information

Form fields for Contact Information: Primary Phone, Secondary Phone, Email Address-Important!

Hours of Operation

Table for Hours of Operation with columns for days of the week (M-Sun) and Hours of Operation.

List all **Owners, Operators, Employees** ,and **All other Individuals** 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

| Name | Date of hire | Date of Birth | Last 4 digits of Social Security # | Relationship or position at facility |
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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.

Applicant Signature _____ Date _____

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