

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION**

APPLICATION FOR CHILD CARE LICENSE/REGISTRATON

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

Please select the type(s) of license/registration you are applying for:

<input type="checkbox"/> 1. Child Care Center	<input type="checkbox"/> 2. Licensed Child Care Family Home
<input type="checkbox"/> A. Infant (Birth to 18 months)	<input type="checkbox"/> 3. Registered Child Care Family Home
<input type="checkbox"/> B. Toddler (18 to 36 months)	
<input type="checkbox"/> C. Preschool (2 ½ to 5 years)	
<input type="checkbox"/> D. School Age (Kindergarten & up)	
<input type="checkbox"/> E. Sick Care	

Facility Name: _____
Site Address: _____
Mailing Address: _____
County: _____ Facility Phone: _____ Facility Fax: _____
Facility Email: _____
Owner's Name: _____

*Is the facility owned by a corporation? Yes No
*If facility is owned by a corporation, attach a copy of board member names, addresses, and phone numbers. In addition, a copy of articles of incorporation, which have been filed with the Arkansas Secretary of State, and any amendments, shall also be attached.

Owner's Mailing Address: _____
Street City State Zip
Owner's Phone: _____ Owner's Cell Phone: _____
Tax Identification Number (if applicable): _____
Owner's Social Security Number (if no tax identification number available): _____

Have you previously been licensed in Arkansas under a different tax identification or social security number? Yes No If yes, what was the number? _____

Have you ever been licensed to provide child care in another state? Yes No
If yes, please answer the following questions:
What city and state were you licensed in? _____
When were you licensed? From _____ to _____
What was the name of your licensed facility? _____
What was your tax identification or social security number? _____

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 yes, what is the name of the party or entity excluded? _____
What is their relationship to you? _____
What is the name of the center or home excluded? _____

Date you plan to begin operation at this facility: _____

Hours of operation:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							
Open							
Close							

Months of operation:

All	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec

Directions to this site:

The following items must be attached to your application:

1. Diagram of the facility/building, which indicates rooms that will be used by children, and locations for hand washing and toileting.
2. Criminal record, child maltreatment, central registry, and FBI record checks on applicant.
3. Copies of fire and health department approvals, if applicable.
4. Child Care Centers Only – Name of proposed director and documentation of their qualifications.
5. Licensed/registered homes only: Name all caregivers with their ages, addresses, and phone numbers, and name all residents of the home.
6. Zoning approval.
7. Arkansas Manufactured Home Commission approval, if applicable.
8. Rates.

“Under the provisions of the Child Care Licensing Act 434 of 1969, amended, I hereby make application for license/registration to operate a child care center/home. I have reviewed the minimum licensing/registration requirements and agree to comply with them.”

Signature of owner**

Date

** A letter of authorization is also required if the person signing is anyone other than the owner.

Mail completed application and attachments to your Licensing Specialist