



APPLICATION FOR A REGISTERED FAMILY DAY CARE HOME

Good beginnings last a lifetime. The service you offer to children and youth is important to the community and will have a lasting impact on the children and youth in your care. Kansas child care laws and regulations are designed to reduce the predictable risk of harm to children and youth. By completing and submitting this application you are: 1) requesting a certificate to operate a Registered Family Day Care Home and 2) affirming that you have read and agree to comply with all laws and regulations.

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SECTION I: INTENT OF THE APPLICANT/OWNER. Complete one of the following three boxes below

NEW APPLICATION
_____ This application is for a new Registered Family Day Care Home that does not exist, or that does currently exist, but I am moving to a new location effective _____ (MM/DD/YYYY).
If you are wanting to change from a Registered Family Day Care Home to a Licensed Day Care Home or Licensed Group Day Care Home, please contact the local child care facility surveyor for the correct application packet or download the forms from the KDHE website at www.kdheks.gov/kidsnet .

RENEWAL APPLICATION
_____ This application is notification to renew my existing certificate for another year.

NOTIFICATION OF CLOSURE
_____ This is a notification that I no longer provide child care in my home. Close my Registered Family Day Care Home effective _____ (MM/DD/YYYY). Complete Sections II & V.

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SECTION II: APPLICANT INFORMATION. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.

Legal Name of the Applicant to be stated (or as stated) on the license.	Certificate # (if renewing/closing)
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If you have a business name for the Registered Family Day Care Home other than your own name, you may print that name here.

Physical Address of the Home: Street Address	City	Zip Code + 4
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County	Phone Number ()	Fax Number ()	Email Address
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If the Mailing Address of the Home is different, please complete this section: Street Address	City	Zip Code + 4
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If this is a rural address, provide directions to the home in this space or attach additional sheet of paper.

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SECTION III: COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.

Yes No The address on this application is both my residence and the child care location as required by K.A.R. 28-4-120.
 Yes No Do you have or intend to have a Provider Agreement with the Department of Social and Rehabilitation Services (SRS)?

Indicate the months of the year, hours and days of the week you will be providing services to children and youth (check only one option for each schedule you complete):

All Year (Jan through Dec) Summer Only (June through Aug) School Year Only (Sept through May)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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All Year (Jan through Dec) Summer Only (June through Aug) School Year Only (Sept through May)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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SECTION IV: ADDITIONAL INFORMATION FOR NEW APPLICANTS ONLY. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT

Yes No I/we have had a certificate or license for a child care facility or school age program in the past and the facility is closed. If you answered Yes to this question, complete the following information:

Name on the previous license or certificate: _____
 License/Certificate Number _____
 Address on the previous license or certificate: _____
 Year(s) of operation: _____

I/we have attended an orientation session with my/our local child care facility surveyor.
 Date of orientation session: _____

Signature of the Child Care Facility Surveyor	Date Signed (MM/DD/YYYY)
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SECTION V: AGREEMENTS AND AUTHORIZED SIGNATURE. READ EACH STATEMENT AND SIGN THE APPLICATION WHEN COMPLETED.

I, the undersigned, am the person named as the Applicant.
 I have read the laws and regulations governing the operation of a Registered Family Day Care Home and I intend to comply. I understand that I am responsible for meeting and maintaining compliance with all applicable child care licensing laws and regulations at all times.
 I understand that a **new** application may take up to **90 days for processing** by the Kansas Department of Health and

Environment (KDHE), once KDHE receives a complete application. I understand I am not authorized to provide services to children and youth prior to receiving a Certificate from KDHE.

In accordance with K.S.A. 44-1009, I will not exclude any child from care for reason of race, religion, color, sex, physical handicap, national origin, or ancestry.

I attest, under penalty of perjury, that to the best of my knowledge, that the information provided in this application is true and correct.

Authorized Signature:	Date (MM/DD/YYYY)
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IF PAYING THE STATE LICENSE FEE BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING INFORMATION:

Credit Card Information - DISCOVER CARD ONLY	
Discover Card Account # _____ (Please print clearly)	Expiration Date _____
Amount of the state license or registration fee	\$ _____
Signature as it is written on the Card _____	
By my signature, I acknowledge my understanding that a 2.5% convenience fee will be included in the final total of this transaction.	

Kansas Department of Health and Environment contracts with local health departments or private contractors for local regulatory services. **Local contractors may charge a local fee.** Please contact your local child care facility surveyor to determine the amount of the local fee and submit that fee directly to the local contractor per their instructions.

Some local ordinances may apply to your Registered Family Day Care Home in addition to the state laws and regulations. Please contact your local child care facility surveyor to determine if there are local ordinances which may apply to the operation of a Registered Family Day Care Home.

For information about requirements of the Americans with Disabilities Act (ADA), contact: Great Plains Disability and Business Technical Assistance Center, University of Missouri at Columbia, 100 Corporate Lake Drive, Columbia, MO 65203, Phone: 1-800-949-4232.

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SECTION VI: MAILING INSTRUCTIONS.

MAILING INSTRUCTIONS FOR NEW, RENEWAL AND CLOSURE NOTIFICATION

SEND THE FOLLOWING INFORMATION TO: Kansas Department of Health and Environment, Curtis State Office Building, Bureau of Child Care and Health Facilities, 1000 SW Jackson, Suite 200, Topeka, KS 66612-1274.

- 1. Completed and signed application.**
- 2. Safety Evaluation Checklist.**
- 3. Request for KBI/SRS Child Abuse Registry Check. (You must keep a copy on file.)**
- 4. State Certificate Fee - \$5.00 payable to the Kansas Department of Health & Environment or complete credit card information on this application form.**

If the local child care facility contractor charges a local fee, the local fee is to be sent to the local contractor. Do NOT send the local fee to KDHE.