VOLUNTARY REGISTRATION PROVIDER APPLICATION FORM

PLEASE PRINT. Please read this application carefully. Make sure that the application is filled in completely.

NAME: ___________________________________________________________  Social Security Number
(First) (Middle) (Last)

Street Address: ___________________________________________________________  City ______ State ______ Zip Code ______

Mailing Address, if different from above: ___________________________________________________________  City ______ State ______ Zip Code ______

Telephone: ___________________________  (Area Code) ___________  Number ___________  Date of Birth: ______ / ______ / ______

City/County in which the provider lives: ___________________________________________________________

1. I am applying for:
   □ An initial certificate of registration  □ Address change only
   □ A renewal certificate of registration  □ Name change only (_________)
   Previous Last Name

2. How many adults live in the family day care home?
   □ One  □ Three  □ More than four (Number) ______
   □ Two  □ Four

3. Are you interested in serving as a substitute for other providers when vacant slots are available?
   □ Yes, I am interested in being a substitute  □ No, I am not interested

4. Are you currently participating in the USDA Food Program? □ Yes □ No
   If yes, Name of Sponsoring Agency: ______________________________________________

5. If no, are you interested in participating in the USDA food program?
   □ Yes  □ No
   (FOR AGENCY USE ONLY)

Date application and check received by the contracting organization ______ / ______ / ______

RECOMMENDATION FOR CERTIFICATE OF REGISTRATION

STIPULATIONS:

I certify that the Requirements for Voluntary Registration of Family Day Homes have been reviewed at the home named above and that these requirements have been met by the provider. I recommend a Certificate of Registration be issued with an effective date of:

______ / ______ / ______ through ______ / ______ / ______

Executive Director/Agency Representative  Contracting Organization  Date

032-05-0210-05-eng (06/16)
PART II OF II

Name of Provider: ___________________________ Social Security Number: ______________________

If you have an assistant, please provide the following information:

Name of Assistant: ___________________________ Date of Birth: ___/___/____

Name of Assistant: ___________________________ Date of Birth: ___/___/____

If you have a substitute provider, please provide the following information:

Name of Substitute: ___________________________ Date of Birth: ___/___/____

Name of Substitute: ___________________________ Date of Birth: ___/___/____

List the name of all persons (other than the provider) who are at least 18 years of age and reside in the home:
(Verify with Page 1, # 2)

______________________________________________

______________________________________________

Days and Hours of Normal Operation: (specific days and hours required)

______________________________________________

Email address: ________________________________

Federal Tax I.D. number/Business Name (if any): ________________________________

Sworn Disclosure Statement or Affirmation: (This statement must be signed in the presence of a notary.)

I certify that the information submitted on this application is true to the best of my knowledge and belief. I certify that I am the primary child care provider and that the child care to be provided is either in my home or the residence of one of the children receiving care for compensation. I understand that I must disclose to parents or guardians of children in care the percentage of time per week that someone other than myself will care for children. I understand that my name, address, telephone number and hours of operation will be available to parents interested in obtaining childcare and that VDSS may post this information on the public website as a resource to parents.

Provider’s Signature: ___________________________ Date: ________________

City/County of ________________________________; State of _________

Subscribed and sworn to before me this ___________ day of _____________, 20 __________.

My commission expires ____________, 20 __________.

Signature of Notary Public
List the names and birth dates of all children (provider’s own children, any children residing in the home, and any children receiving care in the family day home) who are under the age of 18.

NOTE: To be eligible for Voluntary Registration, no more than four (4) daycare children (children that are not the provider’s own children or children who live in the home) may be in care in the home at any one time.

If more than four (4) children are receiving care in the home, attach a schedule of when all children are in care, including times of attendance and days of the week.

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<th>Son or Daughter</th>
<th>Residing in the home</th>
<th>Non-exempt</th>
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