

APPENDIX V: FCCH RELOCATION LICENSE APPLICATION

OFFICE USE ONLY

Licensing specialist: _____

STATE OF DELAWARE
 DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES ~~EDUCATION~~
 OFFICE OF CHILD CARE LICENSING (OCCL)
FAMILY CHILD CARE HOME
RELOCATION LICENSE APPLICATION

Please Print all responses.

Date received: _____

License number: _____ License expiration date: ____/____/____

SECTION A – Identification

Applicant name: _____ Date of birth: _____ Race: _____

Alias, maiden, or married names this person has used: _____

Location address: _____
 (street) (city) (county) (state) (zip)

Applicant cell phone #: _____ Location phone #: _____

Email address: _____ Fax #: _____

Entity Information (optional)

The “entity” is the individual, LLC, or corporation that is responsible for and has authority over the operation of the facility. If there is an entity, the applicant must still have responsibility for the facility, reside in the facility, provide the child care, and control the space. If no entity has been formed, check “individual” and leave the rest of this section blank.

Entity name: _____ Entity type: Individual Corporation
 Limited liability company (LLC)

Doing business as/facility name: _____

Entity address: _____
 (street) (city) (state) (zip)

1. If the entity is an LLC, provide on a separate page a name, address, and phone number for the managing member.
2. If the entity is a corporation, provide on a separate page a name, address, and phone number for each corporate officer.
3. Please submit: certificate of incorporation or LLC, if applicable and a Delaware state business license or proof of non-profit status (for example, letter of tax-exempt status or 501(c)(3) documents).

SECTION B – Additional Information

Household member(s) other than the applicant (anyone staying in the home for more than 30 days within a year, or whose current driver’s license/state ID is issued to the address listed on this application)

| Full name | Alias, maiden, or married names this person has used | Date of birth | Race | Gender |
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SECTION B – Additional Information, continued

Substitute(s)

| Full name | Alias, maiden, or married names this person has used | Date of birth | Race | Gender | Emergency or non-emergency use |
|-----------|--|---------------|------|--------|--------------------------------|
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CHU contact

Please provide the email at which you prefer to receive the fingerprinted background check results from the Criminal History Unit (CHU). The results will contain confidential information about each person’s eligibility for employment or to reside at a licensed child care facility.

CHU contact name: _____ Email: _____

SECTION C – Current Enrollment

| Child’s name (FIRST NAME ONLY) | Date of birth | Days attending | Hours attending each day |
|--------------------------------|---------------|-----------------|--|
| Example: Dante | 5/22/10 | Monday - Friday | 8:00 a.m. - 5:00 p.m. |
| Example: Kate | 11/6/09 | Monday - Friday | 7:00 a.m. – 8:15 a.m. 3:15 p.m. – 5:45 p.m. |
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SECTION D – Program Information

Hours of operation: _____ a.m. – _____ p.m. or a.m. (circle one) _____ p.m. – _____ p.m.
Days of operation: M T W Th F Sa Su
Months of operation: January to December
 August to June
 _____ to _____

Ages of children accepted: (Use “kindergarten” for 5-year-olds attending kindergarten. Otherwise, use exact ages.)

Example: From 6 weeks to 12 years From _____ to _____

Program components:

Purchase of Care Transportation: field trips daily other _____
 Food program (CACFP) agency: _____ Other (specify): _____

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Signature of notarial officer
(seal)

Print name