

# VOLUNTARY REGISTRATION PROVIDER APPLICATION FORM

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

**NAME:** \_\_\_\_\_  
(First) (Middle) (Last) Social Security Number

**Street Address:** \_\_\_\_\_  
City State Zip Code

**Mailing Address, if different from above:** \_\_\_\_\_  
City State Zip Code

**Telephone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Area Code) Number

**City/County in which the provider lives:** \_\_\_\_\_

**1. I am applying for:**

- |   |   |
|---|---|
| <input type="checkbox"/> An initial certificate of registration | <input type="checkbox"/> Address change only                              |
| <input type="checkbox"/> A renewal certificate of registration  | <input type="checkbox"/> Name change only ( _____ )<br>Previous Last Name |

**2. How many adults live in the family day care home?**

- |                              |                                |  |
|------------------------------|--------------------------------|--|
| <input type="checkbox"/> One | <input type="checkbox"/> Three | <input type="checkbox"/> More than four (Number) _____ |
| <input type="checkbox"/> Two | <input type="checkbox"/> Four  |  |

**3. Are you interested in serving as a substitute for other providers when vacant slots are available?**

- |   |  |
|---|--|
| <input type="checkbox"/> Yes, I am interested in being a substitute | <input type="checkbox"/> 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?**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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

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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

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## Part II of II

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.

←-----Check Only One -----→				
Name of child	Date of birth	Son or Daughter	Residing in the home	Non-exempt
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				