

Provider Application Form for Family Child Care Registration

Please print all information. Attach additional sheets if more space is needed. If you have any questions about this application form, please call the **Home-Based Child-Care Coordinator** at 732-918-9901 ext. 125.

The information received from or about you will be open to public review, except for medical records, any child abuse/neglect records, criminal conviction disclosure statements, names of enrolled children, and records of any investigations that are still in progress.

1. GENERAL INFORMATION

ARE YOU A ☐ NEW APPLICANT ☐ RENEWAL APPLICANT? (CHECK ONE)

Applicant's name _____

Address _____

City _____ Zip _____

County _____ Today's date _____

Landline Phone () _____ Cell Phone () _____

E-Mail Address _____

Business name, if any _____

Mailing address if different from above _____

I certify that I am at least 18 years old. _____ (yes or no)

2. HOUSEHOLD MEMBERS

Do any children under 14 years old live with you in your home? (yes or no)

If yes, list each child's name, date of birth and relationship to you.

Child's name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any adults and/or children 14 years old or older live with you in your home? _____ (yes or no)
 If yes, give name and relationship to you. Put a check next to the name of any person who will assist you in caring for children. Household members over the age of 14 must submit Child Abuse Record Information (CARI) form, Criminal Conviction Disclosure, Mantoux TB test results and a physician's statement.

Name	Relationship	In home during hours of operation?	
		Yes	No
_____	_____		
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No

3. PETS

Do you have any pets in the home? . (yes or no)
 If yes, how many and what kind?

Are all your pets domesticated, non-aggressive and free from disease? _____ (yes or no) If no, please explain:

4. DAYS AND HOURS OF SCHEDULED OPERATION

Day	Yes	No	Hours of Service	Time Caregiver(s) Scheduled		
				Provider	Assistant	Alternate
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Scheduled vacation / dates closed: _____

5. SUBSTITUTE

A substitute must be at least 18 years old. The substitute must submit a Child Abuse Record Information (CARI) form, Criminal Conviction Disclosure, and physician's statement.

Who will provide substitute care in your home if you are unavailable?

Substitute's name _____

Address _____

City _____ State _____ Zip _____

County _____ Telephone _____

I certify that this person is at least 18 years old. _____ (yes or no)

Will you provide care for the substitute's child or children in your home? _____ (yes or no)

If yes, will you charge a fee for this care? _____ (yes or no)

6. ASSISTANT

An assistant is required under certain conditions outlined in the Manual of Requirements. The assistant must be at least 14 years old. An assistant under 16 years old who is not your own child must have working papers. The assistant must submit a physician's statement, Mantoux TB test results, a Child Abuse Record Information (CARI) form, and a Criminal Conviction Disclosure.

Will you have an assistant? _____ (yes or no)

If yes, please complete the following:

Assistant's name _____

Address _____

City _____ State _____ Zip _____

County _____ Telephone _____

I certify that this person is at least 14 years old. _____ (yes or no)

Age of assistant, if under 18 years old _____

Assistant's relationship to you, if any _____

Will you provide care for the assistant's child or children in your home? _____ (yes or no)

If yes, will you charge a fee for this care? _____ (yes or no)

7. ALTERNATE

You may have an alternate if you wish to share child care responsibilities with someone else. The alternate must be at least 18 years old. The alternate must attend training and submit a physician's statement, Mantoux TB test results, two references, a Child Abuse Record Information (CARI) form, and a Criminal Conviction Disclosure.

Will you have an alternate? _____ (yes or no)

If yes, please complete the following:

Alternate's name _____

Address _____

City _____ State _____ Zip _____

County _____ Telephone _____

I certify that this person is at least 18 years old. _____ (yes or no)

Will you provide care for the alternate's child or children in your home? _____ (yes or no)

If yes, will you charge a fee for this care? _____ (yes or no)

8. DISCLOSURES

Have you ever received a certificate as a registered family child care provider in New Jersey? _____
(yes or no)

If yes, in what county? _____

In what year? _____

Has your application to be a family child care provider ever been denied, or has your license, certificate, or other approval as a family child care provider ever been suspended, revoked, or refused for renewal in New Jersey or another state? _____ (yes or no)

If yes, please explain:

You are required to tell us whether or not you have ever been convicted of a crime. Disclosures of criminal convictions must also be given to us by your substitute, your assistant, your alternate, and all members of your household who are at least 14 years old. This information will be reviewed and kept in a confidential file. Your application will not necessarily be affected by these disclosures. Please give us this information on the enclosed form marked Criminal Conviction Disclosures.

You are also required to consent to have the Department of Children and Families conduct a Child Abuse Record Information background check (CARI) to determine whether a report of child abuse or neglect has been substantiated against you or anyone living or working in your home. Your sex, race, and date of birth are needed for this check. This information and consent must also be given to us by your substitute, your assistant, your alternate, and all members of your household who are at least 14 years old. Your application for registration or renewal will be rejected if this consent is not given, or if an allegation of child abuse or neglect by you or anyone in your home has been substantiated by the State of New Jersey. Please give us this information on the enclosed form marked Child Abuse Record Information Consent Form.

9. LISTINGS

A. NEW JERSEY CHILD CARE RESOURCE AND REFERRAL SYSTEM

Do you wish to be listed with the New Jersey Child Care Resource and Referral System to have your name and telephone number given to parents who need child care? _____ (yes or no)

B. OFFICE OF LICENSING FAMILY CHILD CARE LISTING

The Office of Licensing (OOL), in the Department of Children and Families (DCF), makes available to the public a listing of registered family child care providers who choose to be included. You are not required to be included in this listing, and your application will not be affected by your answer to this question. If you answer "yes", your name, address and telephone number will be included in a listing of registered providers that is available to the public. There is no charge for a provider to be included in this listing. Those requesting such a listing from the OOL may be any member of the public, such as businesses that offer products or services related to child care; professional child care organizations; private resource and referral agencies that may give your name to parents who need child care; individual parents who need child care; and others. If you answer "no", your name, address and telephone number will only be given to the Office of Licensing and the Child Care Workers Union (CCWU) but will not be released to the public.

Do you wish to be included in a list of registered providers that is made available to the public by the DCF, Office of Licensing? _____ (yes or no)

You may change your answer to any question in item 9A or B at any time by writing to your sponsoring organization at the address shown on the last page of this application form.

10. SIGNATURE

I certify that the information entered on this application is true to the best of my knowledge and belief. I understand that the deliberate inclusion of false information on this application form may result in the denial of this application, or the suspension, revocation or non-renewal of my Certificate of Registration.

Signature _____ Date _____

11. ADDITIONAL INFORMATION

Please return this form with the following:

*NEW APPLICANTS:

1. References information sheets for yourself and your alternate;
2. Physician's statements for yourself, your alternate, assistant, substitute if applicable, and any household member who is present in the home during the care of enrolled children;
3. Mantoux TB test forms for yourself, your alternate, your assistant if applicable, and any household member who is present in the home during the care of enrolled children;
4. Criminal conviction disclosures for yourself, your alternate, your assistant, your substitute, and all members of your household who are 14 years of age and older;
5. Child Abuse Record Information (CARI) consent forms for yourself, your alternate, your assistant, your substitute, and all members of your household who are 14 years of age and older;
6. Proof of current pet vaccination(s) as documented by a veterinarian;
7. Documentation for yourself, and alternate, if any, of current certification in Cardiopulmonary Resuscitation (CPR) and completion of a first aid course taken within the last three years if there is no expiration date.

*RENEWAL APPLICANTS:

1. Physician's statements for yourself, your alternate, assistant, substitute if applicable, and any household member who is present in the home during the care of enrolled children;
2. Criminal conviction disclosures for yourself, your alternate, your assistant, your substitute, and all members of your household who are 14 years of age and older;
3. Child Abuse Record Information (CARI) consent forms for yourself, your alternate, your assistant, your substitute, and all members of your household who are 14 years of age and older;
4. Proof of current pet vaccination(s) as documented by a veterinarian;
5. Documentation for yourself, and alternate, if any, of current certification in Cardiopulmonary Resuscitation (CPR) and completion of a first aid course taken within the last three years if there is no expiration date.
4. Documentation of attendance of 20 hours of in-service training, other than first aid or CPR training provided or approved by the sponsoring organization during the last three-year registration period.

* A non-refundable registration fee of \$25.00 in the form of a check or money order made payable to the sponsoring organization is required upon the issuance of an initial temporary, or initial or renewal regular Certificate of Registration.

RETURN APPLICATION TO:

**Attention: Home-Based Child-Care Coordinator
Child Care Resources
PO Box 1234
Neptune, NJ 07754**