	CEPS	Team	#
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Initial

#### FAIRFAX COUNTY, VIRGINIA NEIGHBORHOOD AND COMMUNITY SERVICES - OFFICE FOR CHILDREN DIVISION OF COMMUNITY EDUCATION AND PROVIDER SERVICES 12011 Government Center Parkway, Suite 800 Fairfax, VA 22035-1102 Phone 703-324-8100 Fax 703-653-1302 TTY (Virginia Relay) 711 HOME CHILD CARE FACILITY APPLICATION

(Please print or type)

#### SECTION A

Renewal A non-refundable payment of \$14.00 must accompany this application. Make Personal Check, Certified Check or Money Order payable to \$27.00 paid to the County of Fairfax, VA. One check can be used for all fees. Include yourself in Section A, C, and D.

Provider Name				
Last		First		Middle
Phone Home/Work	E-mail (Optional)		_ Fax	
Address	City		State	Zip Code
Home Child Care Facility Address/Name (if different	t)		Daytime Phone	
Address	City		State	Zip Code
What are proposed hours and days of operation?	Hours		Days	
Birth Date				
Race	Ethnicity Hispanic _		Non-Hispanic	
Do you have a Fairfax County Child Care Permit?	Yes	No		
Did you ever have a Fairfax County Child Care Pe	ermit? Yes	No		

## SECTION B-Complete all information listed below for all children 13 years and under living at home. (Indicate N/A, if not applicable)

1	Last	First	Middle	Sex	Race	Birth Date
2	Last	First	Middle	Sex	Race	Birth Date
3	Last	First	Middle	Sex	Race	Birth Date
4	Last	First	Middle	Sex	Race	Birth Date

# SECTION C-Request for Search of the Central Registry Release of Information Form Complete all information listed below for all adults and children 14 years and older living at home, including the applicant and all substitute care providers. (Indicate N/A, if not applicable)

1	Last	First	Middle	Sex	Race	Birth Date
2	Last	First	Middle	Sex	Race	Birth Date
3	Last	First	Middle	Sex	Race	Birth Date
4	Last	First	Middle	Sex	Race	Birth Date

I/we understand that this information is required by the Office for Children for all persons 14 years of age and older who are household members, assistants or child care employees as a condition of application and participation in OFC programs. I/we agree to notify OFC within 21 days whenever a current household member, not listed above, reaches the age of 14, and whenever any persons 14 years of age or older move the household. I/we understand that these persons will also need to consent to the terms of this agreement as a condition of continu participation in program(s) of OFC.

## **SECTION D-Fingerprint National Background Check**

Complete all information listed below for all adults 18 years and older living at home, including the applicant and all substitute care providers. (Do not leave blanks. Indicate N/A, if not applicable.) A processing fee of \$27.00 must accompany each person's name listed below. In addition, submit a Waiver Agreement and Statement form for each person listed below.

1.						
	Last	First	Middle	Sex	Race	Birth Date
	Maiden Name					
2						
	Last	First	Middle	Sex	Race	Birth Date
	Maiden Name					
3	Last	First	Middle	Sex	Race	Birth Date
4	Last	First	Middle	Sex	Race	Birth Date
	Maiden Name					
5						
	Last	First	Middle	Sex	Race	Birth Date
	Maiden Name					

I am submitting this application for a permit to operate a home child care facility at the address listed in Section A. By making this application, I give permission for the County to inspect that property in order to determine compliance with Chapter 30 of the Fairfax County Code. Also by making this application, I agree to comply with the provisions of the County Code that relates to home child care facilities.

**SECTION E** 

Applicant Signature	Date
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The maximum number of non-resident children you may care for at any one time is 4.