Programs for Parents

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 (973) 744-4050.

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 (check one):

____ NEW APPLICANT  ____ RENEWAL APPLICANT  ____ RELOCATION  ____ UPDATING INFORMATION

Applicant's name ___________________________________________ Date of Birth ______________________

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.

<table>
<thead>
<tr>
<th>Child’s name</th>
<th>Date of Birth</th>
<th>Relationship</th>
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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.

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<th>Name</th>
<th>Relationship</th>
<th>In home during hours of operation?</th>
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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:

(Provide proof of current pet vaccination as documented by a veterinarian.)

4. DAYS AND HOURS OF SCHEDULED OPERATION

<table>
<thead>
<tr>
<th>Day</th>
<th>Yes</th>
<th>No</th>
<th>Hours of Service</th>
<th>Time Caregiver(s) Scheduled</th>
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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.
6. 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:   PROGRAMS FOR PARENTS
500 BLOOMFIELD AVENUE, 3RD FLOOR
MONTCLAIR, NJ 07042