|  |
| --- |
| **Section A-Owner Information**Name of Owner (First and Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Owner Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Owner Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Section B – Facility Information**Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Facility Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mailing Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. The child care facility is located in: [ ]  a residence (home) or [ ]  other building. If in other building, describe where the program will be located: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Describe the purpose of the program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Number of children enrolled or planning to enroll: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are or will all of the children be related to the Owner? Yes [ ]  No [ ]

If Yes, submit proof of relationship of each child in care to the owner (for example: birth certificates, marriage certificates, and etc.).1. Age range of children enrolled or planning to enroll: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Hours of operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am/pm to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am/pm
3. Days of operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Length of program: (for example year-round, summer only, other): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1. Will the Owner be responsible for the children in care? Yes [ ]  No [ ]  If No, attach a copy of the Program’s policy regarding the responsibility of children while attending the program.

**Section C– Exemptions****Please check all applicable exemption citations for your program** [ ]  A facility in which child care is regularly provided and each child's parent is on the premises within reasonable proximity and accessibility to the child[ ]  A facility located on a United States Department of Defense or United States Coast Guard installation that is located on federal property, or a facility certified as a family child care provider by a branch of the United States Department of Defense or by the United States Coast Guard[ ]  A recreational program that allows children to attend but that does not assume responsibility for care of the children[ ]  A daytime therapeutic program of supervised, educational, and rehabilitative services for children with special needs or with behavioral problems[ ]  A program whose primary function is educational and that  (A) is certified as a pre-elementary school under AS 14.07.020 and 4 AAC 60;  (B) serves children ages three through five years and, under 4 AAC 60.020, is exempt from 4 AAC 60; or  (C) is operated as a Head Start preschool program required to meet standards established under 42 U.S.C. 9836a; [ ]  A temporary facility that provides care for one specific one-time occurrence scheduled for less than five weeks in any 12-month period, including a conference or weekend seminar; for purposes of this paragraph, a temporary facility does not include a day camp or similar facility or program[ ]  A facility that regularly provides care to four or fewer children who are not relatives of the caregiver; “regularly provides care” means that a child is enrolled for regular care, regardless of whether that child receives full-time or part-time care[ ]  A facility in which the caregiver is a relative of all of the children[ ]  A facility in which the caregiver is caring for a child in the child's own home, regardless of whether the caregiver is a relative of the child[ ]  A public or private elementary school program, kindergarten through grade six, lasting seven or fewer hours each day; the exemption in this paragraph does not apply to child care provided at the school site before or after school[ ]  A day camp or similar facility or program that:1. holds a current accreditation or certification from the American Camping Association or another national accreditation group with standards the department finds are substantially similar to the requirements of this chapter; a facility or program that believes it should be exempt under this paragraph shall submit the standards to the department for review and approval;
2. provides services for children age five years and older;
3. operates more than five weeks in any 12 -month period; and
4. operates only during the summer, winter, and spring school breaks.

Submit copies of the following documents with this form: Program advertisements, State of Alaska Business License, parent newsletters, enrollment forms, contracts for services and any other program information that explains your program operations.I certify that the above description of the program is accurate and true. I understand that I may be required to provide additional information. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed name of Owner or Operator Title (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Operator or Owner Date |