THE DEPART

## Municipality of Anchorage Child Care Licensing Program

Office	Use	Only

## REQUEST FOR EXEMPTION FROM CHILD CARE LICENSURE

Section	n A – Owner Information	
Name	of Owner (First and Last): Date of Birth:	
Owner	Email Address: Owner Phone Number(s):	
Section	n B – Facility Information	
Facilit	y Name:	
Facility	y Physical Address:	
Mailin	g 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:	
2.	Describe the purpose of the program:	
3.	Number of children enrolled or planning to enroll:	
4.	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.).	
5.	Age range of children enrolled or planning to enroll:	
6.	Hours of operation: am pm to am pm to pm	
7.	Days of operation:	
8.	Length of program: (for example year-round, summer only, other):	
9.	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.	

CC75 Rev. 03/2025 Page 1 of 2

Section C- Exemptions. Please check the applicable exemption A facility that provides supervised educational training or instance which any child attends no more than six hours a week with A facility in which child care is regularly provided and each reasonable proximity and accessibility to the child A facility located on a United States Department of Defense located on federal property, or a facility certified as a family States Department of Defense or by the United States Coast A recreational program that allows children to attend but that children A daytime therapeutic program of supervised, educational, and 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 14.03 (B) serves children ages three through five years and, und (C) is operated as a Head Start preschool program required 42 U.S.C. 9836a;	struction for children three years and older in no more than three hours in a 24-hour period child's parent is on the premises within or United States Coast Guard installation that is child care provider by a branch of the United Guard t does not assume responsibility for care of the nd rehabilitative services for children with 7.020 and 4 AAC 60; er 4 AAC 60.020, is exempt from 4 AAC 60; or
A temporary facility that provides care for one specific one-t weeks in any 12-month period, including a conference or we a temporary facility does not include a day camp or similar form a facility that regularly provides care to four or fewer childres "regularly provides care" means that a child is enrolled for receives full-time or part-time care  A facility in which the caregiver is a relative of all of the child A facility in which the caregiver is caring for a child in the classification are relative of the child A public or private elementary school program, kindergartent each day; the exemption in this paragraph does not apply to after school	bekend seminar; for purposes of this paragraph, facility or program en who are not relatives of the caregiver; egular care, regardless of whether that child eldren hild's own home, regardless of whether the enthrough grade six, lasting seven or fewer hours
A day camp or similar facility or program that:  (A) holds a current accreditation or certification from the national accreditation group with standards the department requirements of this chapter; a facility or program that bell shall submit the standards to the department for review and (B) provides services for children age five years and older (C) operates more than five weeks in any 12-month period (D) operates only during summer, winter, and spring scholar A Tribal Facility: Approved by the Office of Child Care and Child Care Development Fund requirements under 45 C.F.R. Page	at finds are substantially similar to the lieves it should be exempt under this paragraph ad approval;  r; d; and sol breaks. a tribal lead agency in accordance with the
Submit copies of the following documents with this form: Pro Business License, parent newsletters, enrollment forms, cont information that explains your program operations.  I certify that the above description of the program is accurate and provide additional information.	ogram advertisements, State of Alaska cracts for services and any other program
Printed name of Owner or Operator	Title (if Applicable)
Signature of Owner or Operator	Date

CC75 Rev. 03/2025 Page **2** of **2**