



PROVIDER APPLICATION FORM FOR FAMILY CHILD CARE REGISTRATION

225 Long Avenue · Hillside, NJ 07205
Phone: (973) 923-1433 Fax: (973) 923-1311
www.cccunion.org

Please print all information. Attach additional sheets if more space is needed. If you have any questions about this application form, please call Sandra Lee Chow at (973) 923-1433 ext. 137 or Virginia Whatley ext. 116.

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

1. GENERAL INFORMATION

Applicant's name _____ S.S.N. _____
Address _____
City _____ State NEW JERSEY Zip _____
County Union Today's date _____ Phone() _____

Is the phone located in your home? _____ If there is no telephone in your home, please give number of nearest telephone where you can be reached.

Business name, if any _____

Mailing address if different from above _____

How long have you lived at your present address? _____ Previous address, if any _____ State _____ County _____

Language(s) spoken in your home _____

Are you fluent in English _____ Spanish _____ Other, please list _____

Are you a _____ new applicant _____ renewal applicant? (check one)

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

Are you currently a member of a family day care network, association, or other child care resource and referral agency? _____ (yes or no)

If yes, give name and address of network, association, or resource and referral agency _____

2. HOUSEHOLD MEMBERS

Do any children under 13 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 to you

Do any adults and/or children 14 years old or older live with you in your home? _____
 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.

Name	Relationship

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? _____

If no explain: _____

4. ADDITIONAL HOUSEHOLD INFORMATION

Does anyone smoke in your home? _____ (yes or no)

Do you have a pool? _____ (yes or no)

5. SCHEDULE

What are the days and hours in which you plan to provide child care in your home?

Are you now providing child care in your home? _____ (yes or no)

6. SUBSTITUTE

You are required to have a substitute in case of emergency and/or in your absence. The substitute must be at least 18 years old. The substitute cannot be a registered provider.

Who will provide substitute care in your home?

Substitute's name _____ Address _____

City _____ State New Jersey 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? _____

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

7. 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. (Please submit copies of working papers). The assistant must submit a physician's statement and Mantoux TB test results.

Will you have an assistant? _____ (yes or no) If yes, please complete:

Assistant's name _____ Address _____

City _____ State New Jersey 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? _____

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

8. 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 and two references.

Will you have an alternate? _____ (yes or no) If yes, please complete:

Alternate's name _____ Address _____

City _____ State New Jersey Zip _____

County _____ Telephone () _____

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

Will you provide care for the alternate's child or children in your home? _____

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

9. DISCLOSURES

Have you ever received a certificate as a registered family day care provider in New Jersey? _____(yes or no) If yes, in what county? _____ In what year? _____

Has your certificate as a registered family day care provider ever been denied, suspended, revoked or refused for renewal in New Jersey? _____(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.

10. PUBLIC INFORMATION

A. NEW JERSEY CHILD CARE RESOURCE AND REFERRAL SYSTEM

The New Jersey Child Care Resource and Referral system refers parents seeking child care services to registered family day care providers and licensed child care centers. This system is administered by the State of New Jersey, Department of Human Services, Division of Family Development. You are not required to be listed with this system and your application will not be affected by your answer to this question. If you answer "yes", you will be contacted by the local office of this system after you become registered. Your name and telephone number will be given to parents seeking child care in the area. There is no charge for a provider to be listed with this 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)

11. SIGNATURE

Please read carefully and sign below.

I wish to apply for registration as a family day care provider. I agree to comply with the requirements contained in the Manual of Requirements for Family Child Care Registration. 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 or revocation of, or refusal to renew, my Certification of Registration.

Signature _____ Date _____

12. ADDITIONAL INFORMATION

NEW APPLICANTS: This information will be requested from you when you are contacted for training:

1. References information sheets for your alternate;
2. Physician's statements for yourself, your alternate and your assistant;
3. Mantoux TB test forms for yourself, your alternate and your assistant (separate TB forms are not needed if the Mantoux test is included in the physician's statement); and
4. Criminal conviction disclosure for yourself, your alternate, your assistant, your substitute and all members of your household who are at least 14 years old.

You will be contacted regarding the next training session and the required inspection of your home.

RENEWAL APPLICANTS: Return this form no later than two months before your current Certificate of Registration expires. New physician's statements must be submitted for yourself, your alternate and your assistant (new TB tests are not required).

You will be contacted regarding the required inspection of your home.

Please list dates, times, locations and topics of training sessions you have attended since your last Certificate was issued. (Attach documentation)

ALL APPLICANTS: Please return your completed application and any additional information to the sponsoring organization at the address below:

Community Coordinated Child Care
225 Long Ave. Bldg 15
Hillside, NJ 07205

WOULD YOU PREFER TRAINING IN ENGLISH OR SPANISH?	
<input type="checkbox"/> ENGLISH	<input type="checkbox"/> SPANISH

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Please list the names, addresses and telephone numbers of at least two people who have agreed to provide references. Both people must be unrelated to you. At least one of these people must be able to tell us about your character, reputation and suitability to work with children. This person may be a friend, neighbor, clergy person or anyone else who knows you well. The second reference may be from a former employer or teacher or the parent of a child you have cared for. If you have not worked or cared for children before, list another friend, neighbor or unrelated person.

1. Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____ How does this person know you?

2. Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____ How does this person know you?

3. Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____ How does this person know you?
