APPLICATION TO BE LICENSED/EARLY CHILDHOOD SERVICES

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 832 (5-2016)

Clear Fields

Operator Full Legal Name:	Employer Identification Number (EIN):		Telephone Number:
Legal Name of Early Chldhood Services Program (if applicable):		E-Mail Address:	
Address of Program:	City:	ZIP Code:	County:
Mailing Address: (if different)			
Directions to the Program:			
Supervisor/Director's Name: (If different from applicant)			Telephone Number:

Please Complete the Necessary Information Below For: (Applicant, staff member, substitute staff, and emergency designee)

NAME	POSITION	EDUCATION	AGE	Place Checkmark if	
				Full-Time	Part-Time
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

EARLY CHILDHOOD PROGRAMS OPERATING IN A PRIVATE RESIDENCE MUST HAVE THE FOLLOWING COMPLETED:
List all other household members 12 years and older living in the home where care is provided.
* Signature indicates permission for the Department of Human Services to conduct check for name on the North Dakota Child Abuse and Neglect Index and departmental files and to share information with early childhood services staff and the applicant.

Name:	Date of Birth:	*Signature:
Name:	Date of Birth:	*Signature:
Name:	Date of Birth:	*Signature:
Name:	Date of Birth:	*Signature:

The Privacy Act of 1974 (P.L. 93-579, Section 5) requires that the following information be provided when individuals are requested to disclose their social security number: Disclosure of social security number is voluntary and is requested for identification purposes. Failure to disclose this information on this application will not affect participation in this program.

Applicant Name;

I, the above-named, hereby make application to the North Dakota Department of Human Services for a license to provide Early Childhood Services as a ☐ Family ☐ Group ☐ Center ☐ Preschool ☐ School Age Program at:

Address of Program:	City:	State	Telephone Number:
		ND	

I wish to be licensed to provide care for up to_____children (_____school-age children) between the ages of _____ and _____ including applicant's own children under age 12, if in care at home/facility.

In making this application, **I state that:**

a. I have received and read the Early Childhood Services Rules and Regulations (Minimum Standards) for ☐ Family ☐ Group ☐ Center ☐ Preschool ☐ School Age Program and will meet the standards in accordance with Chapter 50-11.1 of the North Dakota Century Code.

b. I acknowledge that authorized agents of the North Dakota Department of Human Services may make any reasonable and necessary investigations of my application and the program I intend to operate. I realize that I am subject to reasonable inspection for purposes of determining continued conformity to the standards under which a license is issued.

c. I understand that my application may be denied or my license revoked by the North Dakota Department of Human Services upon evidence of failure to comply with the standards for the provision of Early Childhood Services, subject to my right to appeal the decision.

d. To the best of my knowledge and belief, all information I have given to the North Dakota Department of Human Services and/or its authorized agents in the application process is true and correct. Further, if I am granted a license by the North Dakota Department of Human Services, I will supply true and correct information requested during any subsequent investigation or inspection to which I am a party.

e. I understand that any complaints which are received by the North Dakota Department of Human Services relating to my provision of early childhood services may be investigated by authorized agents of such North Dakota Department of Human Services.

f. I am aware that any violation of the provision of Chapter 50-11.1, Early Childhood Services, is punishable as a Class B misdemeanor or as otherwise provided in Chapter 50-11.1, North Dakota Century Code.

g. I further understand that the license I am applying for will expire on the date noted on the license and that it is my responsibility to reapply for another license prior to its expiration date.

Signature of Applicant/Operator:	**Date:**