

REFER TO NH CHILD CARE PROGRAM LICENSING RULES, He-C 4002, AND RSA 170-E:2 (CHILD CARE) FOR REQUIREMENTS FOR EACH PROGRAM TYPE BEFORE CHECKING PROGRAM TYPE BELOW.

<b>CENTER BASED CHILD CARE</b>	<input type="checkbox"/> INFANT/TODDLER PROGRAM - CARES FOR 5 OR MORE CHILDREN BETWEEN AGES 6 WEEKS - 35 MONTHS
	<input type="checkbox"/> GROUP CHILD CARE CENTER - ALL DAY CARE FOR PRESCHOOL CHILDREN WITH NO MORE THAN 4 INFANT/TODDLERS, AND NO MORE THAN 5 SCHOOL-AGE CHILDREN
	<input type="checkbox"/> PRESCHOOL PROGRAM - OPERATES NO MORE THAN 5 HOURS PER DAY FOR CHILDREN 3 YEARS OF AGE AND OLDER, NOT ATTENDING A FULL DAY SCHOOL PROGRAM
	<input type="checkbox"/> SCHOOL AGE PROGRAM - OPERATES NO MORE THAN 5 HOURS PER DAY BEFORE/AFTER REGULAR SCHOOL HOURS (ALL DAY DURING SCHOOL HOLIDAYS AND VACATIONS) FOR CHILDREN 4 YEARS 8 MONTHS AND OLDER
	<input type="checkbox"/> NIGHT CARE PROGRAM - OPERATES 7:00 PM - 6:00 AM

PROGRAM NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
 STREET \_\_\_\_\_  
 CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ACTUAL LOCATION ADDRESS: \_\_\_\_\_  
 STREET \_\_\_\_\_  
 CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NAME OF APPLICANT OWNER/  
 CORPORATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
 STREET \_\_\_\_\_  
 CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

APPLICANT OWNER'S PHONE NUMBER: \_\_\_\_\_ APPLICANT OWNER'S E-MAIL ADDRESS: \_\_\_\_\_

FEDERAL TAX I.D. NUMBER IF ONE HAS BEEN ASSIGNED: \_\_\_\_\_

**NUMBER & AGE RANGE OF CHILDREN TO BE CARED FOR:**

IF YOU WANT A SINGLE LICENSE TO INCLUDE MULTIPLE BUILDINGS (CHILD CARE PROGRAMS ON THE SAME OR CONTIGUOUS PROPERTY) YOU MUST PROVIDE THE FOLLOWING FOR EACH BUILDING:

1. A MEANS BY WHICH WE CAN IDENTIFY THE BUILDING, I.E. BUILDING #1 & 2, FRONT BUILDING, BACK BUILDING OR, IF APPROPRIATE, THE NAME OF THE BUILDING;
2. THE MAXIMUM NUMBER OF CHILDREN AND AGE RANGE THAT WILL BE CARED FOR IN THE BUILDING.

BUILDING IDENTIFIER	MAXIMUM NUMBER OF CHILDREN	AGE RANGE TO BE CARED FOR IN EACH BUILDING
		FROM ____ YEARS ____ MONTHS TO ____ YEARS ____ MONTHS
		FROM ____ YEARS ____ MONTHS TO ____ YEARS ____ MONTHS
		FROM ____ YEARS ____ MONTHS TO ____ YEARS ____ MONTHS
		FROM ____ YEARS ____ MONTHS TO ____ YEARS ____ MONTHS
		FROM ____ YEARS ____ MONTHS TO ____ YEARS ____ MONTHS

MONTHS OF OPERATION: \_\_\_\_\_

DAYS OF OPERATION: \_\_\_\_\_

OPERATING HOURS: \_\_\_\_\_  
 START \_\_\_\_\_ END \_\_\_\_\_

CHILD CARE PROGRAMS MUST COMPLETE THIS SECTION IF THEY ARE INCORPORATED.

NAME OF CORPORATION: \_\_\_\_\_

BUSINESS ID: \_\_\_\_\_

NON PROFIT                       FOR PROFIT

OFFICERS OF CORPORATION:

NAME	TITLE/POSITION	TELEPHONE NUMBER

**CENTER DIRECTOR** – INFANT/TODDLER PROGRAM, GROUP CHILD CARE CENTER, PRESCHOOL PROGRAM, OR NIGHT CARE PROGRAM

**SITE COORDINATOR/DIRECTOR** - SCHOOL AGE PROGRAM ONLY

INSTRUCTIONS:

THE FOLLOWING SECTION REGARDING CENTER DIRECTOR OR SITE DIRECTOR MUST BE COMPLETED. YOU MUST ALSO SUBMIT DOCUMENTATION OF EDUCATION AND EXPERIENCE AS REQUIRED BY He-C 4002.32(k) OR He-C 4002.32(p) of the NH CHILD CARE PROGRAM LICENSING RULES.

NAME OF CENTER DIRECTOR/SITE DIRECTOR \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DATE OF HIGH SCHOOL GRADUATION: \_\_\_\_\_ OR DATE GENERAL EQUIVALENCY DIPLOMA GRANTED: \_\_\_\_\_

**POST SECONDARY EDUCATION:** TRANSCRIPTS MUST BE SUBMITTED WITH THIS APPLICATION

NAME OF SCHOOL	MAJOR	DEGREE OR CERTIFICATE ACHIEVED OR NUMBER OF CREDITS EARNED	DATES ATTENDED

**RELATED EXPERIENCE**

EMPLOYER	JOB TITLE	DESCRIPTION OF RESPONSIBILITIES, INCLUDING AGES OF CHILDREN CARED FOR	DATES OF EMPLOYMENT

**ALL APPLICANTS MUST COMPLETE THIS SECTION.**

**CHILD CARE PROGRAMS LOCATED IN A HOME** MUST LIST ALL HOUSEHOLD MEMBERS, REGARDLESS OF AGE OR AMOUNT OF CONTACT WITH ENROLLED CHILDREN, AND OTHER INDIVIDUALS WHO WILL HAVE DAILY CONTACT WITH CHILDREN ENROLLED IN THE PROGRAM, OTHER THAN CHILD CARE PERSONNEL.

NAME	RELATIONSHIP	DATE OF BIRTH

**CRIMINAL CONVICTIONS OR CURRENT CRIMINAL CHARGES, AND CHILD ABUSE OR NEGLECT FINDINGS OR CURRENT INVESTIGATIONS**

**INSTRUCTIONS: ALL APPLICANTS MUST COMPLETE THIS SECTION, BY CHECKING YES OR NO AND, IF YES, PROVIDING THE REQUESTED INFORMATION.**

TO THE BEST OF YOUR KNOWLEDGE, AFTER QUESTIONING ALL PARTIES, ARE THERE ANY CURRENT CRIMINAL CHARGES, OR HISTORY OF CRIMINAL CONVICTIONS, OR CURRENT INVESTIGATION OR PREVIOUS FINDINGS OF CHILD ABUSE OR NEGLECT, OR ANY CURRENT INVESTIGATIONS OR PREVIOUS ADJUDICATIONS OF JUVENILE DELINQUENCY, INVOLVING ANY APPLICANT, OWNER, PROVIDER, HOUSEHOLD MEMBER, CHILD CARE PERSONNEL, BOARD MEMBER OR ANY OTHER INDIVIDUAL WHO WILL HAVE DAILY CONTACT WITH CHILDREN?

NO (IF NO, MOVE TO THE NEXT SECTION)

YES (IF YES, COMPLETE THE FOLLOWING SECTION, PROVIDING AS MUCH DETAIL AS POSSIBLE)

NAME AND POSITION OR AFFILIATION OF INDIVIDUAL	INDICATE WHETHER THIS IS A CHARGE, ALLEGATION, CONVICTION, FINDING, OR CURRENT INVESTIGATION	NAME & CITY OF COURT OR DCYF OFFICE IN WHICH CASE WAS HANDLED	DATE OF CONVICTION OR FINDING



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**DIAGRAM OF INDOOR & OUTDOOR CHILD CARE SPACE**

**INSTRUCTIONS:** YOU MUST COMPLETE A SEPARATE PLAN FOR EACH BUILDING WHEN THERE ARE MULTIPLE BUILDINGS. (YOU MAY COPY THIS PAGE, OR ATTACH SEPARATE SHEETS FOR EACH BUILDING.)

**THE PLAN MUST IDENTIFY:**

**A. FOR INDOOR SPACE:** FOR EACH BUILDING THAT WILL BE USED AS CHILD CARE SPACE, THE FLOOR PLAN SHALL INCLUDE:

1. ROOM DIMENSIONS;
2. LOCATION OF EXITS;
3. HOW EACH ROOM WILL BE USED;
4. THE LOCATION OF BATHROOMS AND BATHROOM FIXTURES (TOILETS & SINKS); AND
5. THE LOCATION OF OTHER HAND WASHING SINKS.

**B. FOR OUTDOOR PLAY SPACE:**

1. THE OVERALL DIMENSIONS OF OUT DOOR PLAY SPACE;
  2. THE LOCATION OF EXITS, GATES, AND STATIONARY PLAY EQUIPMENT;
  3. THE LOCATION OF THE OUTDOOR PLAY SPACE IN RELATION TO THE INDOOR SPACE; AND
  4. THE PRESENCE OF AND LOCATION OF ANY POOLS, PONDS, STREAMS, RIVERS, STREETS, ROADS, OR OTHER HAZARDS THAT ARE IN CLOSE PROXIMITY.
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