

- Include Articles of Incorporation Tax Exempt Certificates
 By Laws Names & Address of Board Members

III.

(For Proprietor, Partner, or President of Corporation/Agency)

1. _____ Date of Birth	2. _____ Date of Birth
_____ Place of Birth	_____ Place of Birth
_____ Citizenship	_____ Citizenship
_____ (If Naturalized give certificate #)	_____ (If Naturalized give certificate #)
_____ (Visa Number if applicable)	_____ (Visa Number if applicable)
_____ Social Security Number	_____ Social Security Number

3. Have any of the above ever been convicted of a Crime?

YES NO _____
Name

If yes, give date, place & nature of offense _____

4. Educational Background _____
Name of School(s) _____ Years Completed
Address _____

IV. 1.Type of Operation

- Full Day Half Day Other _____
 After-School Night-Care (Specify)

2. Open From _____AM/PM to _____AM/PM Days per Week: M T W T F S S (Circle each day open)
 Vacation Periods in Year _____

3. Proposed Capacity:

Total Number of Children (Include own pre-school children) _____

Minimum Age _____

Maximum Age _____

Number of staff-full-time _____

Part Time _____

Fees – Monthly Fee

(Indicate any variations in established fee, for example, for more than one (1) child in same family.)

Registration Fee (if any) \$ _____

Insurance Fee (if any) \$ _____

V. Attachments – Attach a Copy Of

- all forms, brochures, etc. to be used
- daily activity schedule for center
- floor plan of Center with all room measurements, specifying function(s) of each room. Show toilet facilities, including number of basins and commodes. Show isolation area for sickness. Give area of enclosed outdoor play space.
- written purpose and scope of service.
- (Proprietorship or Partnership ONLY) – statement of ownership, including who is responsible for policy making, administration, and operation.

VI. 1. Describe proposed provision for medical or health inspections.

2. Describe plans to work cooperatively with parents to promote the growth and development of each child.

3. Describe proposed registration policy for children.

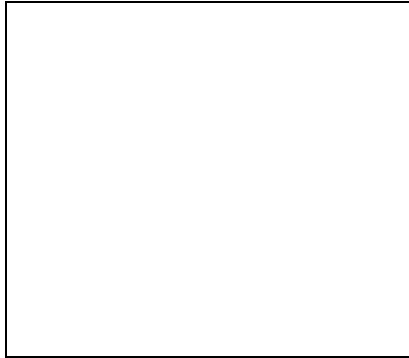
Please list as references the names, mailing addresses and telephone numbers of three (3) unrelated persons who are personally acquainted with you. (Churches, Corporations, or Public Agencies list three (3) references for each Officer of the Corporation or Governing body.)

_____	_____	_____
Name	Mailing Address	Telephone
_____	_____	_____
Name	Mailing Address	Telephone
_____	_____	_____
Name	Mailing Address	Telephone

VIII. **MEDICAL INFORMATION**

Name of Physician _____
Address of Physician _____

TWO (2) PASSPORT SIZE PHOTOS



FINGERPRINTS

1 R THUMB	2 R INDEX	3 R MIDDLE	4 L RING	5 R LITTLE
6 L THUMB	7 L INDEX	8 L MIDDLE	9 L RING	10 L LITTLE
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

1. I authorize the Department of Human Services of the Virgin Islands Government to make a reasonable evaluation to determine compliance with day care standards for issuance of a license, including the right to secure reference statements, as to my ability to meet requirements and prescribed rules and regulations.
 2. I am aware that to operate a Day care Center in the Virgin Islands without a license violates Virgin Islands law and is a misdemeanor subject to penalty of the court.
 3. I also state that the information given above and such other information given in the course of the licensing study, is to the best of my knowledge true and correct.
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Signature of Applicant

Date

Signature of Applicant

Date

Signature of Licensing Specialist

Date