



Home Child Care Facility Application

**SECTION D-Fingerprint National Background Check**

Complete all information listed below for all adults 18 years and older living at home, including the applicant and all substitute care providers. (Do not leave blanks. Indicate N/A, if not applicable.) A processing fee of \$27.00 must accompany each person's name listed below. In addition, submit a Waiver Agreement and Statement form for each person listed below.

1. \_\_\_\_\_  
Last First Middle Sex Race Birth Date

\_\_\_\_\_  
Maiden Name

2. \_\_\_\_\_  
Last First Middle Sex Race Birth Date

\_\_\_\_\_  
Maiden Name

3. \_\_\_\_\_  
Last First Middle Sex Race Birth Date

\_\_\_\_\_  
Maiden Name

4. \_\_\_\_\_  
Last First Middle Sex Race Birth Date

\_\_\_\_\_  
Maiden Name

5. \_\_\_\_\_  
Last First Middle Sex Race Birth Date

\_\_\_\_\_  
Maiden Name

I am submitting this application for a permit to operate a home child care facility at the address listed in Section A. By making this application, I give permission for the County to inspect that property in order to determine compliance with Chapter 30 of the Fairfax County Code. Also by making this application, I agree to comply with the provisions of the County Code that relates to home child care facilities.

**SECTION E**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

The maximum number of non-resident children you may care for at any one time is 4.