

FAIRFAX COUNTY, VIRGINIA
FAMILY SERVICES OFFICE FOR CHILDREN
DIVISION OF COMMUNITY EDUCATION AND PROVIDER SERVICES
12011 Government Center Parkway, Suite 800 Fairfax, VA 22035-1102
Phone 703-324-8100 Fax 703-653-1302 TTY (Virginia Relay) 711
HOME CHILD CARE FACILITY APPLICATION
(Please print or type)

CEPS Team #
Initial
Renewal

SECTION A

A non-refundable payment of \$14.00 must accompany this application. Make Personal Check, Certified Check or Money Order payable to Office for Children, (OFC). One check can be used for all fees. Include yourself in Section A, C, and D.

Provider Name _____
Last First Middle
Phone _____ Home/Work E-mail _____ (Optional) Fax _____
Address _____ City _____ State _____ Zip Code _____
Home Child Care Facility Address/Name (if different) _____ Daytime Phone _____
Address _____ City _____ State _____ Zip Code _____
What are proposed hours and days of operation? Hours _____ Days _____
Race (ethnicity) _____ Birth Date _____

Do you have a Fairfax County Child Care Permit? Yes _____ No _____
Did you ever have a Fairfax County Child Care Permit? Yes _____ No _____

SECTION B-Complete all information listed below for all children 13 years and under living at home. (Indicate N/A, if not applicable)

1. _____
Last First Middle Sex Race Birth Date
2. _____
Last First Middle Sex Race Birth Date
3. _____
Last First Middle Sex Race Birth Date
4. _____
Last First Middle Sex Race Birth Date

SECTION C-Request for Search of the Central Registry Release of Information Form
Complete all information listed below for all adults and children 14 years and older living at home, including the applicant and all substitute care providers. (Indicate N/A, if not applicable)

1. _____
Last First Middle Sex Race Birth Date
2. _____
Last First Middle Sex Race Birth Date
3. _____
Last First Middle Sex Race Birth Date
4. _____
Last First Middle Sex Race Birth Date

I/we understand that this information is required by the Office for Children for all persons 14 years of age and older who are household members, assistants or child care employees as a condition of application and participation in OFC programs. I/we agree to notify OFC within 21 days whenever a current household member, not listed above, reaches the age of 14, and whenever any persons 14 years of age or older move into the household. I/we understand that these persons will also need to consent to the terms of this agreement as a condition of continuing participation in program(s) of OFC.

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 \$25.00 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.