



Child Care Center Licensing Application and Invoice

| | | | | | |
|----------------------|-----|--------|------------------------|-----|--------|
| Name of Center | | | KinderTrack Number | | |
| Legal Name of Center | | | Phone Number of Center | | |
| Address | | | Mailing Address | | |
| State | Zip | County | State | Zip | County |

Administration

| | |
|------------------|---------------|
| Name of Owner | |
| Name of Director | Date of Birth |

Financial Type

| | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Corporation (C) | <input type="checkbox"/> Partnership (P) | <input type="checkbox"/> Profit |
| <input type="checkbox"/> Government (G) | <input type="checkbox"/> Sole Proprietorship (S) | <input type="checkbox"/> Non profit |
| <input type="checkbox"/> Individual (I) | | Tax ID/EIN: |
| <input type="checkbox"/> LLC - Filing as Corporation (LC) | | |
| <input type="checkbox"/> LLC - Filing as Partnership (LP) | | |
| <input type="checkbox"/> LLC - Filing as Sole Proprietor (LS) | | |

| Program Services | Schedule | Specialized Service |
|---|--|---|
| <input type="checkbox"/> Infants <input type="checkbox"/> Preschool-age <input type="checkbox"/> 2 year olds <input type="checkbox"/> School-age | <input type="checkbox"/> Year around <input type="checkbox"/> School year <input type="checkbox"/> Summer only | <input type="checkbox"/> Get well center <input type="checkbox"/> Evening care <input type="checkbox"/> Special needs |

| | | | |
|--------------------|------------------------|---------------------|-------------------------------------|
| Capacity: | Center Capacity | * Fee Amount | Hours and Days of Operation: |
| | 0 to 20 children | \$50 | |
| | 21 to 50 children | \$75 | |
| | 51 to 100 children | \$100 | |
| | 101 to 150 children | \$125 | |
| Amount Due: | 151 or more children | \$150 | |
| Due Before: | | | |

Has the owner, applicant, director, or onsite supervisor ever had any state license or registration (child care, foster care, plumbing, cosmetology, etc.) with any state agency denied, revoked, or suspended in any state or jurisdiction, been the subject of a disciplinary action, or been fined? (Do not consider driver's license.)

Yes No **If yes, please explain on an attached sheet.**

The undersigned, and my staff employed with direct contact with children (and any person living in the facility), shall be free from conviction under any law of any state involving mistreatment of a child or violence against a person, and shall be free from any record of founded sexual abuse or any record of multiple incidents of any other type of founded child abuse (including physical or emotional abuse or neglect). The undersigned hereby makes application for a license to operate a child care center or preschool under Chapter 237A of the Iowa Code, and hereby agrees to adhere to the regulations under Chapter 237A of the Iowa Code and to the rules (minimum requirements) under Section 441 Chapter 109 of the Iowa Administrative Code.

I certify that I have spoken with all of the people mentioned above and I can assert the preceding statements on behalf of the group and myself.

| | | |
|-----------|-------|------|
| Signature | Title | Date |
|-----------|-------|------|

This form must be returned with payment by the due date shown above. Payment must be in the form of a check, cashier's check or money order, payable to: *Iowa Department of Human Services*.

RETURN TO:

**License Fee Collections Unit
Iowa Department of Human Services
Supply Unit – Level A
Hoover State Office Building
1305 Walnut Street
Des Moines, IA 50319**