



Hillsborough County Child Care Licensing
 3110 Clay Mangum Lane, Building 39
 Tampa, Florida 33618
 Telephone: (813) 264-3925 Fax: (813) 264-2118

Family Child Care Home License Application
 (TYPE OR PRINT LEGIBLY IN INK)

Instructions: All information on this application must be truthful and correct. An incomplete application will not be accepted. Please contact the licensing agency if there are any questions relating to the completion of this application.

Type of Application: Initial Renewal* Change of Location Change of Name

***For license renewals only:** Renewal of this license is contingent upon the payment of any fines previously imposed as a sanction against this license, that was not contested, or that was affirmed at an administrative hearing. If at the time of this license renewal application there is a pending administrative hearing resulting from a proposed fine, it shall not affect the renewal of this license.

Name of Caregiver		Date of Birth	
Street Address		City	Zip Code
Phone	Cell	Fax	Email
Mailing address (if applicable)		City	Zip Code

Owner of property: _____ Phone Number: _____

Address: _____ State: _____ Zip Code: _____

Type of ownership: Individual Partnership (Addendum Required) Corporation (Addendum Required)

If a fictitious name or other identifying name is to be used, please provide the name here (and you must attach a copy of the Department of State's fictitious name registration form): _____

Family member/others living on the property:

1. _____ Relationship: _____ D/O/B: _____
2. _____ Relationship: _____ D/O/B: _____
3. _____ Relationship: _____ D/O/B: _____
4. _____ Relationship: _____ D/O/B: _____
5. _____ Relationship: _____ D/O/B: _____

Accreditation: <input type="checkbox"/> Yes (must include a copy) <input type="checkbox"/> No
Age range of children to be served: Infant only <input type="checkbox"/> (Under 12 months)
Infant to 5 years <input type="checkbox"/> Infant to 13 years <input type="checkbox"/> 5 years to 13 years <input type="checkbox"/>
Will Vehicle be used for field trips, emergencies, etc? Yes <input type="checkbox"/> No <input type="checkbox"/>
Operational Months: _____ Through: _____ Year round: <input type="checkbox"/>
Operational days (Circle) SUN MON TUE WED THURS FRI SAT
Day time care: <input type="checkbox"/> Yes <input type="checkbox"/> No Full Day <input type="checkbox"/> Half Day <input type="checkbox"/>
Night time care: <input type="checkbox"/> Yes <input type="checkbox"/> No Drop In <input type="checkbox"/> Before School <input type="checkbox"/>
Food Served: <input type="checkbox"/> Yes <input type="checkbox"/> No After School <input type="checkbox"/> Infants <input type="checkbox"/>

Have you, as an applicant for a child care license, ever had an application for child care license denied, revoked, suspended, been fined, or been subject to disciplinary action while operating or employed in a child care facility or family child care home in any state or jurisdiction? Yes No

I do hereby affirm, under penalty of perjury, that all family members or persons residing with the caregiver, 18 years of age or older and all child care personnel at this proposed family child care home have been fingerprinted pursuant to the statutory requirements and all family members or persons residing with the applicant 12 years of age through 17 years of age has had a Florida Department of Law Enforcement check. I swear and affirm that all the information given within this application is complete and accurate and I understand the falsification of application information is grounds for denial or revocation of a license to operate a family child care home. In addition I agree to notify the Hillsborough County Child Care Licensing Office of any changes in the information provided above.

Signature of Caregiver

Sworn to and subscribed before me this _____ day of _____, 20____.

 Notary Public, State of Florida – At Large _____ Who is personally known to me
 _____ Who has produced identification

My Commission Expires: _____

You must complete the Release of Information (Non-Confidential), or Confirmation of Statutory Confidential Status, whichever is applicable, located on the back of this application.

**Release of Information
Licensed Family Child Care Home
Or
Large Family Child Care Home
(Non-Confidential)**

The Department of Children and Families has developed the Statewide Child Care Licensing Information System. All child care arrangements licensed by the Department are included on this website. Street addresses of Family Child Care Homes will be **optional**, however, **ALL NAMES, ZIP CODES AND TELEPHONE NUMBERS** will be included as a means of contact.

This website is a valuable tool and includes a 'search screen' to assist parents looking for resources and child care arrangements in their community. The website address for the State of Florida is myflorida.com/childcare/provider. The website address for Hillsborough County is hillsboroughcounty.org/childcarelicensing.

Each provider may request the street address of the Family Child Care Home/Large Family Child Care Home to be included on the website.

Please, **circle one** of the following choices:

1. I attest that I am the operator of a licensed Family Child Care Home/Large Family Child Care Home and understand **only** my NAME, ZIP CODE AND TELEPHONE NUMBER will appear on the child care licensing website.
2. I attest that I am the operator of a licensed Family Child Care Home/Large Family Child Care Home and request the **street address** of my home be added to the child care licensing website.

(PLEASE PRINT) Family Child Care Provider

Number	Street Address	Zip Code
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Signature of FCCH Provider Date

COMPLETE THE FOLLOWING - ONLY IF APPLICABLE

**Confirmation of Statutory Confidential Status
Registered or Licensed Family Day Care Home
Large Family Child Care Home**

Section 119.07(3)(I)1. and other Florida Statutes require that names, addresses, telephone numbers, location of schools, and places of employment for specific types of personnel, their spouses and their families be kept confidential.

Examples of these types of employees are:

- | | | |
|--|---|------------------------------|
| <p>Law Enforcement officers
Firefighters
Justices of the Court
State Attorneys</p> | <p>Investigators of Abuse and Neglect
Child Support Enforcement staff
Employees involved in Revenue Collection
County/Municipal Code Enforcement officers</p> | <p>Foster parents</p> |
|--|---|------------------------------|

*I attest that I am a current law enforcement officer, other employee, or the spouse or child of one, who is exempt from public records disclosure under s.119.07, F.S., or other Florida Statutes, and **do not** want my family day care home/large family child care home demographic information displayed on the child care licensing website.

*I attest that I am a current law enforcement officer, other employee, or the spouse or child of one, who is exempt from public records disclosure under s.119.07, F.S., or other Florida Statutes. However, I **do want** my family day care home/large family child care home demographic information displayed on the child care licensing website.

- Please include the following (circle only one):
- *Telephone number only
 - OR
 - *Both the address and telephone number

Signature of provider Date

Name of Home (please print)

Address