

**State of New Mexico
CHILDREN YOUTH AND FAMILIES DEPARTMENT**



CHILD CARE CENTER AND OUT OF SCHOOL TIME CARE LICENSE APPLICATION

<p align="center">APPLICATION FEE - \$55.00</p> <p><input type="checkbox"/> INITIAL APPLICATION or <input type="checkbox"/> CHANGE OF OWNER</p> <ul style="list-style-type: none"> <input type="checkbox"/> ZONING APPROVAL <input type="checkbox"/> BUILDING APPROVAL/CERTIFICATE OF OCCUPANCY <input type="checkbox"/> FIRE INSPECTION <input type="checkbox"/> ENVIRONMENT DEPARTMENT APPROVAL <input type="checkbox"/> DIRECTOR'S RESUME <input type="checkbox"/> DIRECTOR'S PROOF OF DEGREE <input type="checkbox"/> DIRECTOR'S BACKGROUND CHECK CLEARANCE <p><input type="checkbox"/> RENEWAL APPLICATION (Check current Status)</p> <ul style="list-style-type: none"> <input type="checkbox"/> STAR LEVEL _____ <input type="checkbox"/> ACCREDITED 	<p align="center">AMENDMENT FEE - \$20.00</p> <p><input type="checkbox"/> CHANGE OF DIRECTOR</p> <ul style="list-style-type: none"> <input type="checkbox"/> DIRECTOR'S RESUME <input type="checkbox"/> DIRECTOR'S PROOF OF DEGREE <input type="checkbox"/> DIRECTOR'S BACKGROUND CHECK CLEARANCE <p><input type="checkbox"/> CHANGE OF CAPACITY</p> <ul style="list-style-type: none"> <input type="checkbox"/> FIRE INSPECTION <p><input type="checkbox"/> STATUS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Star 2 <input type="checkbox"/> Star 3 <input type="checkbox"/> Star 4 <input type="checkbox"/> Star 5
<p>LICENSE NUMBER: _____ LICENSE EXPIRATION DATE: _____ HOURS OF OPERATION: _____</p>	
<p>NAME OF CENTER: _____</p> <p>CENTER ADDRESS: _____ NM _____</p> <p align="center">(STREET) (CITY) (COUNTY) (ZIP)</p> <p>MAILING ADDRESS: _____</p> <p>TELEPHONE NUMBER: _____ E-MAIL ADDRESS: _____</p>	
<p>CAPACITY REQUESTED: TOTAL OVER AGE TWO _____ TOTAL UNDER AGE TWO _____ PLAYGROUND CAPACITY _____</p>	
<p>TOTAL NUMBER OF CLASSROOMS: _____</p> <p>INFANT CLASSROOMS: _____ TODDLER CLASSROOMS: _____</p> <p>PRESCHOOL CLASSROOMS: _____ SCHOOL AGE CLASSROOMS: _____</p>	
<p>CENTER OWNERSHIP: (CHECK ONE)</p> <p><input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> NON-PROFIT ASSOCIATION (INCLUDING CHURCHES AND SCHOOLS)</p> <p>OPERATED BY: _____</p> <p align="center">(LEGAL FACILITY NAME)</p> <p>FOR PARTNERSHIP COPORATION OR NON-PROFIT ASSOCIATIONS, LIST THE DIRECTOR'S:</p> <p>_____</p> <p>_____</p>	
<p>LIST THE PERSON IN WHOSE NAME THE LICENSE IS TO BE ISSUED AND WHO IS RESPONSIBLE FOR COMPLIANCE WITH THE REGULATIONS GOVERNING THE CHILD CARE CENTER(S):</p> <p>NAME: _____ TELEPHONE NUMBER _____</p> <p>ADDRESS: _____</p> <p align="center">(STREET) (CITY) (STATE) (ZIP)</p> <p>SITE OR CO-DIRECTOR: _____ TELEPHONE NUMBER: _____</p> <p align="center">(IF APPLICABLE)</p>	

I, _____ HEREBY CERTIFY THAT I HAVE NEVER HAD AN ARREST
(NAME)
OR SUBSTANTIATED REFERRAL TO A CHILD PROTECTIVE SERVICES AGENCY.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE REGULATIONS FOR CHILD CARE CENTERS AND OUT-OF-SCHOOL TIME CARE. I ASSUME RESPONSIBILITY FOR THE CONDUCT, AFFAIRS AND DEALINGS OF THE CHILD CARE CENTER OR OUT OF SCHOOL TIME PROGRAM FOR WHICH THE LICENSE IS REQUESTED. I UNDERSTAND I WILL BE RESPONSIBLE FOR ENSURING THAT THE CHILD CARE CENTER OR OUT OF SCHOOL TIME PROGRAM COMPLIES WITH CURRENT LICENSING REGULATIONS.

I UNDERSTAND THAT THE CHILD CARE CENTER OR OUT OF SCHOOL TIME PROGRAM IS SUBJECT TO INSPECTION BY THE LICENSING AUTHORITY DURING ALL HOURS OF OPERATION.

I UNDERSTAND THAT FAILURE TO COMPLY WITH THE CURRENT LICENSING REGULATIONS MAY RESULT IN DENIAL OR REVOCATION OF THE LICENSE TO OPERATE A CHILD CARE CENTER OR OUT OF SCHOOL TIME PROGRAM. I AM OVER TWENTY-ONE YEARS OF AGE AND DO HEREBY FILE THIS APPLICATION FOR A LICENSE TO OPERATE A CHILD CARE CENTER OR OUT OF SCHOOL TIME PROGRAM FOR A PERIOD NOT TO EXCEED ONE CALENDAR YEAR.

AFFIDAVIT

STATE OF NEW MEXICO, COUNTY OF: _____

_____ BEING DULY SWORN ACCORDING TO LAW

(Applicants Name)

DEPOSES AND SAYS THAT THE FACTS SET FORTH IN THE FORGOING APPLICATION ARE TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF.

(Applicants Signature)

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____ 20_____.

(NOTARY PUBLIC)

MY COMMISSION EXPIRES: _____.

PLEASE NOTE:

ALL APPLICATIONS MUST BE ACCOMPANIED BY THE APPROPRIATE FEE IN THE FORM OF A CHECK OR MONEY ORDER PAYABLE TO THE STATE OF NEW MEXICO.

**ALL APPLICATIONS MUST BE NOTARIZED
FEES ARE NON-REFUNDABLE**

**RETURN TO:
CHILDREN, YOUTH AND FAMILIES DEPARTMENT
CHILD CARE SERVICES BUREAU – LICENSING UNIT
PO DRAWER 5160, SANTA FE, NM 87502-5160**