



B. (Church, Commercial, Corporation, or Public Agency ONLY)

Name of Church, Corporation or Public Agency:

\_\_\_\_\_

Address:\_\_\_\_\_ Telephone:\_\_\_\_\_

Designated Representative:\_\_\_\_\_ Title\_\_\_\_\_

Home Address:\_\_\_\_\_ Telephone:\_\_\_\_\_

Include  Articles of Incorporation

Tax Exempt Certificates

By Laws

Names & Address of Board Members

III.

(For Proprietor, Partner, or President of Corporation/Agency)

1. \_\_\_\_\_

Date of Birth

\_\_\_\_\_

Place of Birth

\_\_\_\_\_

Citizenship

\_\_\_\_\_

(If Naturalized give certificate #)

\_\_\_\_\_

(Visa Number if applicable)

\_\_\_\_\_

Social Security Number

2. \_\_\_\_\_

Date of Birth

\_\_\_\_\_

Place of Birth

\_\_\_\_\_

Citizenship

\_\_\_\_\_

(If Naturalized give certificate #)

\_\_\_\_\_

(Visa Number if applicable)

\_\_\_\_\_

Social Security Number

3. Have any of the above ever been convicted of a Crime?

YES  NO

\_\_\_\_\_

Name

If yes, give date, place & the nature of offense\_\_\_\_\_

\_\_\_\_\_

4. Educational Background \_\_\_\_\_

Years  
Completed

Name of  
School(s) \_\_\_\_\_

Address \_\_\_\_\_

IV. 1. Type of Operation

Full Day       Half Day       Other (Specify) \_\_\_\_\_

After-School       Night-Care

2. Open From \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM      Days per Week:  M T W T F S S  (Circle each day open)

Vacation Periods in Year \_\_\_\_\_

3. Proposed Capacity:

Total Number of Children (Include own pre-school children) \_\_\_\_\_

Minimum Age \_\_\_\_\_      Maximum Age \_\_\_\_\_

Number of staff-full-time \_\_\_\_\_      Part Time \_\_\_\_\_

Fees – Monthly Fee

(Indicate any variations in established fee, for example, for more than one (1) child in same family.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Registration Fee (if any) \$ \_\_\_\_\_

Insurance Fee (if any) \$ \_\_\_\_\_

V. Attachments – Attach a Copy Of

all forms, brochures, etc. to be used

daily activity schedule for center

floor plan of Center with all room measurements, specifying function(s) of each room. Show toilet facilities, including number of basins and commodes. Show isolation area for sickness. Give area of enclosed outdoor play space.

written purpose and scope of service.

(Proprietorship or Partnership ONLY) – statement of ownership, including who is responsible for policy making, administration, and operation.

VI. 1. Describe proposed provision for medical or health inspections.

---

---

---

2. Describe plans to work cooperatively with parents to promote the growth and development of each child.

---

---

---

3. Describe proposed registration policy for children.

---

---

---

VII. Please list as references the names, mailing addresses and telephone numbers of three (3) unrelated persons who are personally acquainted with you. (Churches, Corporations, or Public Agencies list three (3) references for each Officer of the Corporation or Governing body.)

_____	_____	_____
Name	Mailing Address	Telephone
_____	_____	_____
Name	Mailing Address	Telephone
_____	_____	_____
Name	Mailing Address	Telephone

VIII. **MEDICAL INFORMATION**

Name of Physician \_\_\_\_\_  
Address of Physician \_\_\_\_\_

**TWO (2) PASSPORT SIZE PHOTOS**



**FINGERPRINTS**

1 R THUMB	2 R INDEX	3 R MIDDLE	4 L RING	5 R LITTLE
6 L THUMB	7 L INDEX	8 L MIDDLE	9 L RING	10 L LITTLE
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

1. I authorize the Department of Human Services of the Virgin Islands Government to make a reasonable evaluation to determine compliance with Virgin Islands Rules and Regulations for Children’s Camps/After School Programs for issuance of a license, including the right to secure reference statements, as to my ability to meet requirements and prescribed rules and regulations.
  
  2. I am aware that to operate an after school in the Virgin Islands without a license violates Virgin Islands law and is a misdemeanor subject to penalty of the court.
  
  3. I also state that the information given above and such other information given in the course of the licensing study, is to the best of my knowledge true and correct.
- 

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Licensing Specialist

\_\_\_\_\_  
Date