



GOVERNMENT OF  
THE VIRGIN ISLANDS OF THE UNITED STATES

DEPARTMENT OF HUMAN SERVICES  
BUREAU OF LICENSING

APPLICATION FOR A VIRGIN ISLANDS CERTIFICATE  
TO OPERATE A CHILD DAY CARE FACILITY

- I. 1. Name of Agency: \_\_\_\_\_
- 2. Mailing Address: \_\_\_\_\_
- 3. Telephone Director: \_\_\_\_\_
- 4. Name of Agency Director: \_\_\_\_\_ Title: \_\_\_\_\_

<b>FOR USE BY DHS ONLY</b>
Application Date _____
Date Approved _____
Date Denied _____

- II. 1. Name of Facility: \_\_\_\_\_
- 2. Type of Facility: \_\_\_\_\_
- 3. Specific Address: \_\_\_\_\_
- 4. Telephone Number: \_\_\_\_\_
- 5. Directions to Facility: \_\_\_\_\_

- III. 1. Type of care:     Full Day                       Half Day                       Other: \_\_\_\_\_
- After School                       Night-Care                      \_\_\_\_\_

2. Operation: Days PER WEEK  M T W T F S S  (Circle each day open)      From \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
 3. Vacation Periods in Year \_\_\_\_\_

- 4. Proposed Capacity:  
 Total Number of Children (Include children of operation and staff) \_\_\_\_\_  
 Minimum Age \_\_\_\_\_                      Maximum Age \_\_\_\_\_
- 5. Proposed number of staff (full-time) \_\_\_\_\_ (Part Time) \_\_\_\_\_

6. 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) \$ \_\_\_\_\_

