



GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES
DEPARTMENT OF HUMAN SERVICES
BUREAU OF LICENSING

APPLICATION FOR A VIRGIN ISLANDS LICENSE
TO OPERATE A FAMILY DAY CARE HOME

I. Name of Applicant: _____
Date of Birth: _____
Place of Birth _____
Citizenship _____
(If naturalized give certificate #): _____
Social Security Number: _____
Mailing Address _____
Residence: _____
Telephone Number: _____

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

School Attended: _____
School Addresses: _____
Last School Grade Completed _____ Yr. Comp. _____

II. Name of Facility: _____
Telephone Number: _____
Specific Address _____
Directions to Day Care Home _____

III. Type of Care
 Full Day Half Day Other
 After-School Night-Care _____

(Specify)
Open From _____AM to _____ PM Days per Week: M T W T F S S
(Circle each day open)

Vacation Periods in Year _____

Proposed Capacity: Total Number of Children (Include own pre-school children) _____

Minimum Age _____ Maximum Age _____

Is Day Care mother solely responsible for care of Day Care Children? YES NO

Give Name(s) of any assistant(s)

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) \$ _____

IV. CHILDREN LIVING AT HOME

N A M E	DATE OF BIRTH	SEX	SCHOOL GRADE OR OCCUPATION

OTHERS IN HOUSEHOLD

N A M E	RELATIONSHIP

V. RESIDENCE

Own Home Rent Total Number of Rooms _____

Area of enclosed outdoor play space _____

VI. GENERAL INFORMATION

Length of time in community_____

If Resident Alien, give number of visa_____

Date and Place Visa issued_____

Have you ever been convicted of a crime? YES NO

If so, give date, place and nature of offense_____

VIII. MEDICAL INFORMATION

Name of Physician_____

Address of Physician_____

Attachments:

Attach a copy of:

- All forms, brochures, etc., to be used
- Daily activity schedule.
- Floor plan of rooms to be used by children with room measurements. Show toilet facilities and isolation area for sickness.

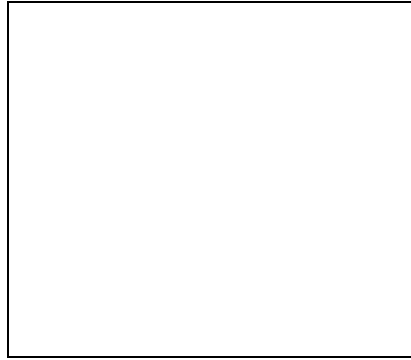
IX. REFERENCES

Please give as references the name and mailing address of three (3) unrelated persons who are personally acquainted with you.

N A M E S

Mailing Addresses

TWO (2) PASSPORT SIZE PHOTOS



FINGERPRINTS

1 R THUMB	2 R INDEX	3 R MIDDLE	4 L RING	5 R LITTLE
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- X 1. I authorize the Department of Human Services of the Virgin Islands Government to make a reasonable evaluation to determine compliance with day care standards 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 a Family Day Care Home in the 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.
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Signature of Applicant
I have reviewed and am in agreement with this application.

Date

Signature of Spouse

Date

Signature of Licensing Specialist

Date