

DHS-CO-202B

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 GROUP 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: \_\_\_\_\_

School(s) Attended: \_\_\_\_\_

School(s) Addresses: \_\_\_\_\_

Last School Grade Completed \_\_\_\_\_

FOR USE BY DHS ONLY

Application Date \_\_\_\_\_

Date Approved \_\_\_\_\_

Date Denied \_\_\_\_\_

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

NAME	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

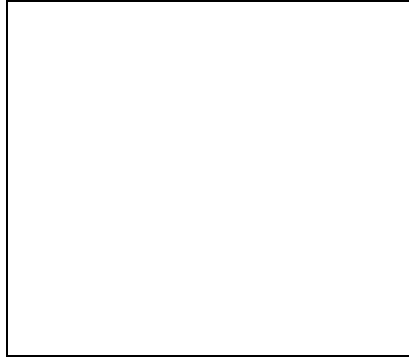
If so, give date, place and nature of offense \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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	

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
_____	_____
_____	_____
_____	_____

- 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 Group Day care Home 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

I have reviewed and am in agreement with this application.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date