



**APPLICATION FOR A SCHOOL AGE PROGRAM**

**Good beginnings last a lifetime.** The service you offer to children and youth is important to the community and will have a lasting impact on the children and youth in your program. Kansas child care laws and regulations are designed to reduce the predictable risk of harm to children and youth. By completing and submitting this application you are: 1) requesting a license to operate a school age program; and 2) affirming that you have read and agree to comply with all laws and regulations for licensed school age programs.

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**SECTION I: INTENT OF THE APPLICANT/OWNER. COMPLETE ONE OF THE FOLLOWING THREE BOXES BELOW.**

<b>NEW APPLICATION / MOVE / PROGRAM CHANGE</b>	
_____ This application is for a new school age program that is not currently licensed or is currently licensed, but I/we are	
_____ moving to a new location	anticipated date _____
_____ changing ownership	anticipated date _____
_____ changing our program type (submit application for program type)	
I/We are applying for the following type of School Age Program:	
_____ Building Based	
_____ Outdoor Summer Camp	
_____ Mobile Summer Program	
_____ Day Reporting Program	
Requested License Capacity _____	

<b>RENEWAL APPLICATION</b>	
_____ This application is notification to renew our existing license for another year.	

<b>NOTIFICATION OF CLOSURE</b>	
_____ This is notification that I/we no longer provide school age program services. Close the school age program effective _____ (MM/DD/YYYY). Please complete Sections II and VI.	

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**SECTION II: FACILITY INFORMATION. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.**

Name of the Facility to be stated (or as stated) on the license		License # (if renewing/closing)	
Name of Facility Contact Person		Name of Qualified Program Director	
Physical Address of the Facility: Street Address		City	Zip Code
County	Phone Number ( )	Fax Number ( )	Email Address
Show Facility Physical Address and Telephone Number on the Website? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>Mailing Address of the Facility: Street Address</b>	<b>City</b>	<b>Zip Code</b>
<b>Year Facility Built</b>	<b>Most Recent Fire Inspection Date</b>	
<b>Public Water</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Public Sewer</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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**SECTION III: LEGAL OWNER/OPERATOR INFORMATION. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.**

<b>Name of the Legal Owner/Operator</b>			
<b>Physical Address of the Owner/Operator: Street Address</b>		<b>City</b>	<b>Zip Code</b>
<b>County</b>	<b>Phone Number</b> (     )	<b>Fax Number</b> (     )	<b>Email Address</b>
<b>Mailing Address of the Owner/Operator (if different from above): Street Address</b>		<b>City</b>	<b>Zip Code</b>
<b>Type of Ownership.</b> The Legal Owner/Operator is a (check ONE of the following): <input type="checkbox"/> Individual or individuals that is/are not incorporated <input type="checkbox"/> Corporation, LLC, LLP <input type="checkbox"/> Government entity/agency or school district  <b>Federal ID No.</b> _____ <b>Business Entity ID No.</b> _____			

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**SECTION IV: FACILITY OPERATION INFORMATION. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.**

Indicate the months of the year, hours and days of the week you will be providing services to children and youth (check only one option for each schedule you complete):

\_\_\_\_\_ All Year (Jan through Dec)    \_\_\_\_\_ Summer Only (June through Aug)    \_\_\_\_\_ School Year Only (Sept through May)

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
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\_\_\_\_\_ All Year (Jan through Dec)    \_\_\_\_\_ Summer Only (June through Aug)    \_\_\_\_\_ School Year Only (Sept through May)

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
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Yes  No Do you have or intend to have a Provider Agreement with the Department of Social and Rehabilitation Services (SRS)?

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**SECTION V: ADDITIONAL INFORMATION FOR NEW APPLICANTS ONLY. COMPLETE ALL INFORMATION. PLEASE PRINT.**

<input type="checkbox"/> Yes <input type="checkbox"/> No I/we had a child care license/certificate in the past. If yes, complete the following:  Name on the previous license or certificate: _____ License/Certificate Number _____ Year(s) of operation _____ Address on the previous license or certificate _____  I/we attended an orientation session with my/our local child care facility surveyor on _____ (Date) _____	
<b>Signature of the Child Care Facility Surveyor</b>	<b>Date Signed (MM/DD/YYYY)</b>

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**SECTION VI: AGREEMENTS AND AUTHORIZED SIGNATURE. READ EACH STATEMENT AND SIGN THE APPLICATION.**

I/We the undersigned, am [are the person(s)] named as the Applicant or the person(s) authorized to represent the owner listed above.

I/We have read the laws and regulations governing the operation of this licensed facility and it is the intention of this applicant to comply. I/We understand that I/we are responsible for meeting and maintaining compliance with all applicable child care licensing laws and regulations at all times.

I/We understand that a **new** application may take up to **90 days for processing** by the Kansas Department of Health and Environment (KDHE), once KDHE receives a complete application. I/We understand that I/we are not authorized to provide services to children and youth prior to receiving a Temporary Permit or License from KDHE.

In accordance with K.S.A. 44-1009, I/we shall not exclude any child from care for reason of race, religion, color, sex, physical handicap, national origin, or ancestry.

I/We attest, under penalty of perjury, that to the best of my (our) knowledge, that the information provided in this application is true and correct.

<b>Authorized Signature:</b>	<b>Date (MM/DD/YYYY)</b>
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<b>Authorized Signature, if more than one person:</b>	<b>Date (MM/DD/YYYY)</b>
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**FEE: IF PAYING THE STATE LICENSE FEE BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING INFORMATION:**

Credit Card Information - <b>DISCOVER CARD ONLY</b>	
Discover Card Account # _____	Expiration Date _____
(Please print clearly)	
Amount of the state licensing fee	\$ _____
Signature as it is written on the Card _____	
By my signature, I acknowledge my understanding that a 2.5% convenience fee will be included in the final total of this transaction.	

Kansas Department of Health and Environment contracts with local health departments or private contractors for local regulatory services. **Local contractors may charge a local fee.** Please contact your local child care facility surveyor to determine the amount of the local fee and submit that fee directly to the local contractor per their instructions.

Some local ordinances may apply to your school age program in addition to the state laws and regulations. Please contact your local child care facility surveyor to determine if there are local ordinances which may apply to the operation of a school age program.

For information about requirements of the Americans with Disabilities Act (ADA), contact: Great Plains Disability and Business Technical Assistance Center, University of Missouri at Columbia, 100 Corporate Lake Drive, Columbia, MO 65203, Phone: 1-800-949-4232.

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**SECTION VII: MAILING INSTRUCTIONS.** Return the completed and signed application along with the documents listed in one of the three boxes below, as applicable. Follow the mailing instructions provided.

**NEW APPLICATION / MOVE / PROGRAM CHANGE**

Return the following documents:

1. Completed and signed application.
2. Request for KBI/SRS Child Abuse Registry Check. (You must keep a copy on file.)
3. Fire Safety Approval. You must obtain Fire Safety Approval from the State Fire Marshal. Call the State Fire Marshal at (785) 296-3401. See Instructions.
4. State Licensing Fee (\$20.00) payable to the Kansas Department of Health and Environment or complete credit card information.
5. Verification of legal owner/operator according to the instructions.
6. Description of Program Activities and Services according to the instructions.
7. Physical Facility Information according to the instructions.
8. Local Code approval according to the instructions.
9. Sanitarian's approval, if applicable, according to the instructions.
10. Local Fee, if required by the local child care facility surveyor.

**SEND THE ABOVE INFORMATION TO THE LOCAL CHILD CARE FACILITY SURVEYOR. IF YOU DO NOT HAVE THE ADDRESS OF THE LOCAL CHILD CARE FACILITY SURVEYOR, CONTACT KDHE AT 785-296-1270 TO OBTAIN THE INFORMATION OR VISIT THE KDHE WEBSITE [www.kdheks.gov/kidsnet](http://www.kdheks.gov/kidsnet).**

**RENEWAL APPLICATION**

Return the following documents:

1. Completed and signed application.
2. Request for KBI/SRS Child Abuse Registry Check. (You must keep a copy on file.)
3. Fire Safety Approval. See Instructions.
4. State License Fee (\$20.00) payable to the Kansas Department of Health and Environment or complete credit card information.
5. Program Director's Annual Report.

**SEND THE ABOVE TO: Kansas Department of Health and Environment, Curtis State Office Building, Bureau of Child Care Licensing and Regulation, 1000 SW Jackson, Suite 200, Topeka, KS 66612-1274.**

**If the local child care facility contractor charges a local fee, the local fee is to be sent to the local contractor. Do NOT send the local fee to KDHE with the renewal application.**

**NOTIFICATION OF CLOSURE**

**Return the completed (Sections I, II and VI) and signed application to the Kansas Department of Health and Environment, Curtis State Office Building, Bureau of Child Care and Health Facilities, Child Care Licensing Program, 1000 SW Jackson, Suite 200, Topeka, KS 66612-1274.**