



APPLICATION FOR A SCHOOL AGE DROP-IN 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 Drop-In program and 2) affirming that you have read and agree to comply with all laws and regulations for licensed School Age Drop-In programs.

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

NEW APPLICATION / MOVE / PROGRAM CHANGE	
_____ This application is for a new school age drop-in program that is not currently licensed OR is currently licensed and:	
_____ moving to a new location _____ changing ownership _____ changing our program type (submit application for program type)	anticipated date _____ anticipated date _____ (submit application for program type)
Requested License Capacity _____	

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

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

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

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

Name of the Legal Owner/Operator			
Physical Address of the Owner/Operator: Street Address		City	Zip Code
County	Phone Number ()	Fax Number ()	Email Address
Mailing Address of the Owner/Operator: Street Address		City	Zip Code

The Legal Owner/Operator is a (check ONE of the following):

_____ individual, partnership or association of individuals that is (are) not incorporated
 _____ corporation, LLC
 _____ government agency other than a local unit of government or public school district
 _____ local unit of government or public school district
 _____ nonpublic school that is
 _____ accredited by _____
 _____ nonaccredited
 _____ other (please describe) _____

Please provide: Federal Identification No. _____ Business Entity ID No. _____

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SECTION IV: SCHOOL AGE DROP-IN PROGRAM HOURS OF OPERATION, AGES OF CHILDREN/YOUTH, AND VERIFY PROGRAM MEETS THE DEFINITION OF A DROP-IN PROGRAM. COMPLETE ALL INFORMATION REQUESTED.

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)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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_____ All Year (Jan through Dec) _____ Summer Only (June through Aug) _____ School Year Only (Sept through May)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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_____ **Yes** _____ **No** **The program serves exclusively school age children and youth.** School Age Child means an individual who is of kindergarten age through the academic years in which the child is in the sixth grade and who is attending the drop-in program pursuant to K.A.R. 28-4-700(j). School Age Youth means an individual who has completed sixth grade or is 12 years of age or older and is less than 18 years of age, is attending the program, and is not a volunteer or employee pursuant to K.A.R. 28-4-700(l).

_____ **Yes** _____ **No** **The program is a Drop-In Program.** K.A.R. 28-4-700(e) defines drop-in program as a child care facility that is not located in an individual's residence, that serves exclusively school-age children and youth, and in which the operator permits children and youth to arrive at and depart from the program at their own volition and at unscheduled times. This term shall not include a program, instructional, class, or activity as specified in K.A.R. 28-4-578(b).

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

Yes **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)

Signature of the Child Care Facility Surveyor	Date Signed (MM/DD/YYYY)
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SECTION VI: AGREEMENTS AND AUTHORIZED SIGNATURE. READ EACH STATEMENT AND SIGN.

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 drop-in program and it is the intention of this applicant/owner 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 must be submitted 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, the information provided in this application is true and correct.

Authorized Signature:	Date (MM/DD/YYYY)
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Authorized Signature: (If more than one applicant)	Date (MM/DD/YYYY)
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IF PAYING THE STATE LICENSE FEE BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING INFORMATION: PLEASE PRINT

Credit Card Information – **DISCOVER CARD ONLY**

Discover Card Account # _____ - _____ Expiration Date _____

Amount of the state license fee: \$20.00

By my signature, I acknowledge my understanding that a 2.5% convenience fee will be included in the final total of this transaction.

Signature as it is written on the Card _____

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 Drop-In 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 Drop-In 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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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. Please keep a copy on file.
3. Fire Safety Approval. You must obtain Fire Safety Approval pursuant to K.S.A. 65-508(b). Contact the State Fire Marshal at (785) 296-3401.
4. State License Fee (\$20.00) payable to the Kansas Department of Health and Environment or complete credit card information.
5. Verification of legal owner/operator. Individual owners only: required to submit program director qualification information. Please see instructions.
6. Description of activities and services offered.
7. Sanitarian approval if not connect to public water and sewerage systems.
8. Local Fee, if required by the local contractor.

Send the above information to the child care facility surveyor. If you do not have the address of the local child care facility surveyor, contact KDHE at 785-296-1270 or obtain the information from the website at www.kdheks.gov/kidsnet.

RENEWAL APPLICATION

Return the following documents:

1. Completed and signed application.
2. Request for KBI/SRS Child Abuse Registry Check. Please 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.

Send the above to: Kansas Department of Health and Environment, Bureau of Child Care and Health Facilities, Child Care Licensing Program, 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 and signed application to the Kansas Department of Health and Environment, Bureau of Child Care and Health Facilities, Child Care Licensing Program, 1000 SW Jackson, Suite 200, Topeka, KS 66612-1274.