



**Virginia Department of Education
Division of Early Childhood Care and Education
Office of Child Care Health and Safety**

APPLICATION FOR VOLUNTARY REGISTRATION (VR-FDH)

- Complete this application, as appropriate, and review it carefully to ensure completeness before submitting. **Retain a copy of the application and all attachments for your records.**
- This is a fillable form and it is recommended that applicants type and electronically sign the form.
- If you are unable to type in the form, please print legibly using permanent, blue or black ink.
- Contact the Office of Child Care Health and Safety or the contract agency in your region if there are any questions regarding this application.

If the application is incomplete, the applicant will be notified in writing. If the applicant does not submit a complete application including all required attachments within 30 days from the notification, the application will be closed, and the application fee will be forfeited.

PART 1: APPLICANT INFORMATION

APPLICATION AGREEMENT

1. I am in receipt of and have read a copy of the laws and regulations applicable to the type of facility for which I am making application.
2. It is my intent (a) to comply with applicable laws and regulations and (b) to maintain compliance with them if I am so registered.
3. I understand the representatives of the Department of Education and representatives of the contract agency are authorized to investigate all aspects of facility operations, to inspect the facility, and to make any investigations necessary concerning the circumstances surrounding this application. I understand that if the facility is approved, the Department's representatives or representatives of the contract agency will make announced and unannounced visits to investigate complaints received and to determine continuing compliance.
4. In the event this application is denied, I understand that I have appeal rights that are explained in the regulations, *Voluntary Registration for Family Day Homes - Requirements for Providers*.
5. I am aware that pursuant to § 22.1-289.027 of the *Code of Virginia*, it is a misdemeanor for any person to interfere with an authorized agent of the Superintendent in the discharge of his duties, make false or untrue reports with respect to the operation of the facility, engage in the operation of a facility without first obtaining a license, or serve more persons than the maximum capacity stipulated on the license.

This application must be signed by an applicant or agent listed in the "Identifying Information" section of the Business Entity page completed.

I certify that the information submitted on this application is true to the best of my knowledge and belief. I certify that I am the primary childcare provider and that the childcare provided is either in my home or the residence of one of the children receiving care for compensation. I understand that I must disclose to parents or guardians of children in care the percentage of time per week that someone other than myself will care for children. I understand that my name, address, telephone number, and hours of operation will be available to parents interested in obtaining childcare and that VDOE may post this information on the public website as a resource to parents.

Signature of Applicant:	Date:
Printed Name of Applicant:	
Provider Name:	

For Office of Child Care Health and Safety Use Only:

Date Received:	Received by:	Check/MO No:	Amount Received:	Inspector:	Application No.:	File No.:

PROVIDER INFORMATION This section must be completed in its entirety.	
Name of Provider as it is to appear on the certificate of registration	
<i>Note: A name different than that of the legal business entity name will only be reflected on the certificate of registration if the documentation of a fictitious name obtained through the Virginia State Corporation Commission (VSCC) is submitted.</i>	
Primary Phone Number (to be listed on the public website)	Landline Phone Number
E-mail Address (used for VDOE correspondence only)	Cell Phone Number
Street Address of Family Day Home (physical address)	City State Zip
Mailing Address of Family Day Home (if different from physical address)	City State Zip
<input type="checkbox"/> Social Security Number <u>OR</u> <input type="checkbox"/> Federal Tax ID Number	Date of Birth
Business Name (if any)	
PROGRAM INFORMATION This section must be completed in its entirety.	
I am applying for: <input type="checkbox"/> Initial Certificate of Registration <input type="checkbox"/> Renewal Certificate of Registration <input type="checkbox"/> address change only <input type="checkbox"/> name change only	Months of Operation (check year round if applicable, or check all that apply if not operating year round): <input type="checkbox"/> Year Round <input type="checkbox"/> January <input type="checkbox"/> April <input type="checkbox"/> July <input type="checkbox"/> October <input type="checkbox"/> February <input type="checkbox"/> May <input type="checkbox"/> August <input type="checkbox"/> November <input type="checkbox"/> March <input type="checkbox"/> June <input type="checkbox"/> September <input type="checkbox"/> December
Have you ever operated a licensed, registered or exempt child day program within the Commonwealth of Virginia? yes <input type="checkbox"/> no <input type="checkbox"/> If so, what type? Family Day Home <input type="checkbox"/> Child Day Center <input type="checkbox"/>	Days of Operation (check all that apply) <input type="checkbox"/> Monday <input type="checkbox"/> Wednesday <input type="checkbox"/> Friday <input type="checkbox"/> Sunday <input type="checkbox"/> Tuesday <input type="checkbox"/> Thursday <input type="checkbox"/> Saturday
Check all that apply, if any: <input type="checkbox"/> intend to apply to become a child care subsidy vendor <input type="checkbox"/> currently a child care subsidy vendor <input type="checkbox"/> evening care (after 7pm but not through the night) <input type="checkbox"/> overnight care (after 7pm and through the night) <input type="checkbox"/> willing and able to serve as a substitute provider and interested in being included on the substitute provider list maintained by the contracting organization	Hours of Operation _____ AM <input type="checkbox"/> PM <input type="checkbox"/> to _____ AM <input type="checkbox"/> PM <input type="checkbox"/> Other hours of operation, including summer hours, if different than regular hours:
Are you currently participating in the USDA Food Program? yes <input type="checkbox"/> no <input type="checkbox"/> If Yes, list name of Sponsoring Agency: _____	Requested Capacity (number of children for which you are requesting approval/ may not exceed 4)
If No, are you interested in participating in the USDA Food Program? yes <input type="checkbox"/> no <input type="checkbox"/>	Requested Age Range (specify weeks, months, or years) Minimum age _____ Maximum age _____ (12 years maximum)

PART 2: BUSINESS ENTITY TYPE APPLYING FOR VOLUNTARY REGISTRATION

Check only ONE box and submit ONLY the corresponding business entity page.

<input type="checkbox"/> Individual/Sole Proprietor	→ Go to Business Entity A, page 6
<input type="checkbox"/> Partnership *Partnership Documentation Required A general partnership (sometimes simply referred to as a “partnership”) is an association of two or more persons to carry on, as co-owners, a business for profit. Each partner contributes money, property and/or services in return for an interest in the general partnership, shares in the profits and losses of the general partnership’s business, and has equal rights in the management and conduct of the partnership’s business. A limited partnership, a type of partnership distinct from a general partnership, is formed by two or more persons with at least one general partner and one limited partner. The general partners exercise control over the management of the limited partnership’s business.	→ Go to Business Entity B, page 7
<input type="checkbox"/> Corporation *Corporation Documentation Required A corporation is an artificial person or legal entity managed by a board of directors, consisting of one or more individuals, who collectively elect officers to run the corporation’s day-to-day business activities.	→ Go to Business Entity C, page 8
<input type="checkbox"/> Limited Liability Company (LLC) *LLC Documentation Required A limited liability company is an unincorporated association of one or more members (the owners) who share in the profits and losses of the company’s business. It is managed in accordance with an operating agreement by one or more members (member-managed) or by one or more managers (manager-managed). A limited liability company is a separate legal entity and, generally, the members and managers are not liable for the obligations of the limited liability company.	→ Go to Business Entity D, page 9

PART 3: REQUIRED ATTACHMENTS

	Check if submitted
<p>1. \$50 FEE made payable to the agency receiving the application. Refer to the "Office of Child Care Health and Safety or contract agency" document on the department's website to determine which agency you are submitting the application to:</p> <p>*Programs served by a contract agency should send the fee directly to the contract agency.</p> <p>*Programs served by the Virginia Department of Education should be made payable to "Treasurer of Virginia"</p> <p>Personal check, money order, or certified check must be made payable to the correct agency. Fees are non-refundable. There will be a service charge of \$50.00 for any check that must be returned due to insufficient funds.</p>	<input type="checkbox"/>
<p>2. Voluntary Registration Health and Safety Checklist (see VDOE website)</p>	<input type="checkbox"/>
<p>3. Tuberculosis (TB) Test/Screening (see VDOE website)</p> <p>All caregivers as well as household members that are at least 18 years old must have a TB test/screening (within 90 days prior to submitting an initial application).</p>	<input type="checkbox"/>
<p>4. Background Checks – Attach copies of all completed background check results or send through encrypted email to your locality's contract agency or licensing office.</p> <p>INITIAL APPLICATION: Background checks are required for any applicant, agent, caregiver or adult household member who is at least 18 years old. Additionally, results of a Virginia Child Protective Services Central Registry Check must also be submitted for household members 14 years of age and older.</p> <p>RENEWAL APPLICATION: Background checks are required for any NEW applicant, agent, caregiver or adult household member who is at least 18 years old. Additionally, results of a Virginia Child Protective Services Central Registry Check must also be submitted for household members 14 years of age and older.</p> <ul style="list-style-type: none"> • Background checks are required for any person listed in the Code of Virginia § 22.1-289.035, et. seq. • Sworn Disclosure Statement (model form available on DOE website) • National Criminal Background Check obtained through Fieldprint and VDSS Office of Background Investigations (OBI) – The National Criminal Background Check is completed after submission of the initial application. You will be contacted and given information on how to obtain fingerprint background checks. Applicants will then need to complete the fingerprint background check before the initial inspection is scheduled. • Child Protective Services Central Registry Check obtained through VDSS Office of Background Investigations (OBI) • Out-of-State Central Registry Check for any individual who has lived in another state in the past five years. • Out-of-State Criminal History Name Check for any individual who has lived in another state in the past five years unless the state is identified as a NFF (National Fingerprint File) state. • Out-of-State Sex Offender Registry Check for any other state in which a person has resided in the past five years 	<input type="checkbox"/>

COMPLETE AND SUBMIT ONLY ONE OF THE FOLLOWING BUSINESS ENTITY TYPE PAGES WITH THE APPLICATION.

BUSINESS ENTITY A: INDIVIDUAL/SOLE PROPRIETOR				
INDIVIDUAL/SOLE PROPRIETOR				
<i>Identifying Information</i>				
Name <i>First</i>	<i>Middle or Maiden</i>	<i>Last</i>		
Mailing Address <i>Street/P.O. Box</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
Social Security Number	or	Federal Employer Identification Number (FEIN)		
<p>Fictitious Name</p> <p>A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.</p> <p>A facility name different than that of the legal business entity name will only be reflected on the certificate of registration if documentation of a fictitious name obtained through the Virginia State Corporation Commission (VSCC) is submitted. For information regarding requirements for the use of a fictitious name in Virginia visit https://www.scc.virginia.gov/clk/befaq/fict.aspx.</p> <p>Required Attachment if Using a Fictitious Name:</p> <p><input type="checkbox"/> Documentation of the legal fictitious name registered with the proper designated authority, VSCC</p>				

BUSINESS ENTITY B: PARTNERSHIP

A general partnership (sometimes simply referred to as a "partnership") is an association of two or more persons to carry on, as co-owners, a business for profit. Each partner contributes money, property and/or services in return for an interest in the general partnership, shares in the profits and losses of the general partnership's business, and has equal rights in the management and conduct of the partnership's business.

A limited partnership, a type of partnership distinct from a general partnership, is formed by two or more persons with at least one general partner and one limited partner. The general partners exercise control over the management of the limited partnership's business.

PARTNERSHIP General Partnership Limited Partnership

Identifying Information

Name of Partnership Applying for License

Mailing Address <i>Street/P.O. Box</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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Partnership Tax ID Number	Designated Contact Person <i>Name</i>	<i>Title</i>
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<i>Email</i>	<i>Phone Number</i>
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Provide the following information on each general and limited partner: *(Attach additional pages if needed.)*

Name	Title	Address

List the name, title and address of any agent(s) other than the partners who is empowered to act on behalf of the partnership in matters relating to the facility:

Name	Title	Address

Required Attachments

- If certified by the Virginia State Corporation Commission (VSCC), documentation from the VSCC that the partnership is active AND in good standing (i.e. Annual Report to VSCC, status print out from VSCC, certificate of fact of existence from VSCC, etc.)
- Proof of filing certified by the State Corporation Commission (i.e., a copy of the statement of partnership authority or certificate of limited partnership) or the clerk of the circuit court or, if none, a partnership agreement that clearly delineates the responsibilities of each partner in the operation and maintenance of the facility for which the partnership is seeking licensure

Fictitious Name

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). ***If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.***

A facility name different than that of the legal business entity name will only be reflected on the license if documentation of a fictitious name obtained through the Virginia State Corporation Commission (VSCC) is submitted. For information regarding requirements for the use of a fictitious name in Virginia visit <https://www.scc.virginia.gov/clk/befaq/fict.aspx>.

Required Attachment if Using a Fictitious Name:

- Documentation of the legal fictitious name registered with the proper designated authority, VSCC

BUSINESS ENTITY C: CORPORATION

A corporation is an artificial person or legal entity managed by a board of directors, consisting of one or more individuals, who collectively elect officers to run the corporation's day-to-day business activities.

CORPORATION Domestic Corporation Foreign Corporation

Identifying Information

Name of Corporation Applying for License

Corporate Mailing Address <i>Street/P.O. Box</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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Corporate Tax ID Number	Designated Contact Person <i>Name</i>	<i>Title</i>
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<i>Email</i>	<i>Phone Number</i>
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Provide the following information on each officer of the corporation. (Attach additional pages if needed.)

Title	Name	Address
President		
Vice President		
Secretary		
Treasurer		

List the name, title and address of any agent(s) other than the officers who is empowered to act on behalf of the corporation in matters relating to the facility.

Name	Title	Address

Required Attachments

- Documentation from the VSCC that the corporation is active AND in good standing (i.e. Annual Report to VSCC, status print out from VSCC, certificate of good standing from VSCC, etc.)
- Certificate of Incorporation issued by the State Corporation Commission or for corporations formed under laws of a jurisdiction other than Virginia, Certificate of Authority to Transact Business in Virginia issued by the State Corporation Commission
- Articles of Incorporation

Fictitious Name

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). **If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.**

A facility name different than that of the legal business entity name will only be reflected on the license if documentation of a fictitious name obtained through the Virginia State Corporation Commission (VSCC) is submitted. For information regarding requirements for the use of a fictitious name in Virginia visit <https://www.scc.virginia.gov/clk/befaq/fict.aspx>.

Required Attachment if Using a Fictitious Name:

- Documentation of the legal fictitious name registered with the proper designated authority, VSCC

BUSINESS ENTITY D: LIMITED LIABILITY COMPANY

A limited liability company is an unincorporated association of one or more members (the owners) who share in the profits and losses of the company's business. It is managed in accordance with an operating agreement by one or more members (member-managed) or by one or more managers (manager-managed). A limited liability company is a separate legal entity and, generally, the members and managers are not liable for the obligations of the limited liability company.

LIMITED LIABILITY COMPANY (LLC) Domestic LLC Foreign LLC

Identifying Information

Name of LLC Applying for License

LLC Mailing Address <i>Street/P.O. Box</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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LLC Tax ID Number	Designated Contact Person <i>Name</i>	<i>Title</i>
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<i>Email</i>	<i>Phone Number</i>
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Provide the following information on each manager and member or other persons authorized to manage the business and affairs of the LLC. (Attach additional pages if needed.)

Title	Name	Address

List the name, title and address of any agent(s) other than the members and managers who is empowered to act on behalf of the LLC in matters relating to the facility:

Name	Title	Address

Required Attachments

- Documentation from the VSCC that the LLC is active AND in good standing (i.e. Annual Report to VSCC, status print out from VSCC, certificate of fact of existence from VSCC, etc.)
- Certificate of Organization or Certificate of Registration (for LLCs formed under the laws of a jurisdiction other than Virginia) issued by the State Corporation Commission
- Articles of organization

Fictitious Name

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). **If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.**

A facility name different than that of the legal business entity name will only be reflected on the license if documentation of a fictitious name obtained through the Virginia State Corporation Commission (VSCC) is submitted. For information regarding requirements for the use of a fictitious name in Virginia visit <https://www.scc.virginia.gov/clk/befaq/fict.aspx>.

Required Attachment if Using a Fictitious Name:

- Documentation of the legal fictitious name registered with the proper designated authority, VSCC

For Contract Agency Use Only, if applicable:

RECOMMENDATION FOR CERTIFICATE OF REGISTRATION

Stipulations:

I certify that the Requirements for Voluntary Registration of Family Day Homes have been reviewed at the home named below and that these requirements have been met by the provider. I recommend a Certificate of Registration be issued with an effective date range of:

_____ through _____

**Executive Director / Agency
Representative**

Contracting Organization

Date