

*Virginia Department of Social Services (VDSS)  
Division of Licensing Children's Programs*

**APPLICATION FOR VOLUNTARY REGISTRATION (VR-FDH)**

- Complete this application in its entirety, as appropriate.
- Type or print legibly using permanent, blue or black ink and retain a copy for your records.
- Review the application carefully to ensure it is complete before submitting.
- Contact your regional VDSS licensing office or assigned contract agency if there are any questions regarding the completion of 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, all materials except the nonrefundable fee will be returned to the applicant.*

For Division of Licensing Programs (DOLP) Use Only

DATE RECEIVED:	RECEIVED BY:	CHECK/MO #:	AMT RECEIVED:	INSPECTOR:	APPLICATION #:	FILE #:

**PART 1: APPLICANT INFORMATION**

**SWORN DISCLOSURE STATEMENT OR AFFIRMATION**

**\*This statement must be signed in the presence of a Notary Public\***

*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 VDSS may post this information on the public website as a resource to parents.*

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date

City/County of \_\_\_\_\_

State of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

**PROVIDER INFORMATION (THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY)**

Name of Provider		Landline Phone Number ( )		
		Cell Phone Number ( )		
Street Address of Family Day Home	City	County	State	Zip Code
Mailing Address of Family Day Home (if different from physical address)	City	County	State	Zip Code
E-mail Address (used for VDSS correspondence only)				
Social Security Number		Federal Tax I.D. Number		
Date of Birth	Business Name (if any)			

**PROGRAM INFORMATION (THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY)**

I am applying for

initial Certificate of Registration                      renewal Certificate of Registration

address change only                                      name change only

Have you ever been a licensed or registered childcare provider in Virginia?

Yes                      No

If so, what type?

Family Day Home                      Child Day Center

Are you interested in serving as a substitute for other providers when vacant slots are available?

Yes                      No

Are you a DSS subsidy vendor?

Yes                      No

Are you current participating in the USDA Food Program?

Yes                      No

If Yes, Name of Sponsoring Agency \_\_\_\_\_

If No, are you interested in participating in the USDA Food Program?

Yes                      No

Months of Operation (check all that apply):

Year Round                      January                      February                      March                      April                      May

June                      July                      August                      September                      October                      November                      December

Days of Operation (check all that apply):						
<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
Hours of Operation:	Do you offer evening care? (7 p.m. but not through the night)			Do you offer overnight care? (7 p.m. and through the night)		
	Yes	No		Yes	No	
If you have an assistant, please provide the following information:						
Name of Assistant: _____				Date of Birth: _____		
Name of Assistant: _____				Date of Birth: _____		
If you have a substitute provider, please provide the following information:						
Name of Substitute Provider: _____				Date of Birth: _____		
List the names of all persons who are <b>AT LEAST 18 years old</b> <u>AND</u> reside in the home *If you need to list any additional household members, please enclose a separate page.						
<b>Name of Household Members</b>				<b>Birth Date</b>		

List the names and birth dates of ALL CHILDREN (provider’s own children, any children residing in the home, and any children receiving care in the family day home) who are **UNDER 18 years old**.

**NOTE:** To be eligible for Voluntary Registration, no more than four (4) daycare children (children that are not the provider’s own children or children who live in the home) may be in care in the home at any one time. If more than four (4) children are receiving care in the home, attach a schedule of when all children are in care, including days and times of attendance.

	<b>SELECT ONLY ONE (1)</b>			
Name of Child	Date of Birth	Son or Daughter	Resides in Home	Daycare

## REQUIRED ATTACHMENTS

	√ If Submitted
<p><b>\$50 FEE PAYABLE TO “TREASURER OF VIRGINIA”</b>  <i>* Programs Served By A Contract Agency Should Send the Fee directly to the Contract Agency</i></p>	
<p><b>“Voluntary Registration Health and Safety Checklist”</b> <i>(see VDSS website)</i></p>	
<p><b>Tuberculosis (TB) Test/Screening</b> <i>(see VDSS website)</i>                      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 application).</p>	
<p><b>Background Checks:</b></p> <ul style="list-style-type: none"> <li>• <b>Sworn Disclosure Statement</b> (Form available on the VDSS website)</li> <li>• <b>National Criminal Background Check</b>, fingerprint based, obtained through VDSS Office of Background Investigations</li> <li>• <b>Child Protective Services Central Registry Check</b> obtained from VDSS</li> <li>• <b>Out-of-State Central Registry Check</b> *effective 7/1/17 for any individual 18 years and older who has lived in another state in the past five years. Not applicable for Children’s Residential and Child Caring Institutions Programs.</li> </ul> <p>The National Criminal Background Check is completed after submission of the initial application. <u>You will be contacted and given information on how to obtain fingerprint background checks.</u> Applicants will then need to complete the fingerprint background check before the initial inspection is scheduled.</p> <p><b>INITIAL APPLICATION:</b>                      Background checks are required for any applicant , agent, caregiver or adult household member that are at least 18 years old listed on the application.</p> <p><b>Family Day Home, Child Placing Agencies, and Independent Foster Home Programs ONLY:</b> A Central Registry Check must be obtained for all household members that are at least 14 years old.</p> <p>Background checks <i>MUST</i> be available for inspection.</p> <p>Do not mail background checks in with the application.</p> <p><b>Voluntary Registered Programs Only:</b> Mail in copies of all completed background checks.</p> <p><b>RENEWAL APPLICATION</b>                      Background checks are required for any NEW applicant, agent, caregiver or adult household member that are at least 18 years old.</p> <p><b>Family Day Home, Child Placing Agencies, and Independent Foster Home Programs ONLY:</b> A Central Registry Check must be obtained for all household members that are at least 14 years old.</p> <p>Do not mail background checks in with the application.</p> <p><b>Voluntary Registered Programs Only:</b> Mail in copies of all completed background checks</p>	

