

FAMILY DAY CARE LICENSE APPLICATION

PRIVACY ACT STATEMENT

*AUTHORITY: 10 USC 8013, Secretary of the Air Force: Powers and duties; delegation by E.O. 9397; implemented by DODI 6060.2 and AFD 34-7.
 PURPOSE: To record essential information on prospective Family Day Care providers and to be used in conjunction with Family Day Care Agency
 Check form in determining qualifications of applicant and quarters.
 ROUTINE USE: None.
 DISCLOSURE IS VOLUNTARY: Furnishing the information is voluntary; not providing all or part of the information will prevent authorized operation of a
 Family Day Care Home by applicant.*

REQUEST AUTHORIZATION TO PROVIDE FAMILY DAY CARE IN MY QUARTERS

APPLICANT INFORMATION

APPLICANT'S NAME	MAIDEN NAME	SSN	
HOME ADDRESS (Local)	HOUSING AREA	NUMBER OF CHILDREN	HOME PHONE
SPONSOR'S NAME AND GRADE	SSN	DUTY SECTION	DUTY PHONE

HOUSEHOLD MEMBERS (Include all persons)

NAME	BIRTHDATE	RELATIONSHIP	HEALTH

RESIDENCE OF LAST 2 YEARS (If different from above)

ADDRESS	COUNTY	STATE	ZIP CODE

CHILD CARE INFORMATION

BRIEFLY LIST PREVIOUS EXPERIENCE/TRAINING IN CHILD CARE

WHY DO YOU WISH TO PROVIDE DAY CARE FOR CHILDREN?

LIST THREE PROFESSIONAL/PERSONAL REFERENCES:

NAME	ADDRESS	PHONE NUMBER

I understand that I must comply with all DOD/AF and local guidance in the operation of Family Day Care in my quarters on _____ AFB.

I understand that my home is subject to monthly unannounced home visits and inspections or release of information to base agencies for initial licensing, annual relicensing, or as needed and that discrepancies noted on home visits and inspections will be corrected as directed by the respective inspectors.

I understand that care must be provided on a nondiscriminatory basis, according equal treatment and services as required by DOD/AF guidance. I will attend required training. I understand no more than six children, including my own under the age of 8, can be cared for at one time.

APPLICANT'S SIGNATURE	DATE
SPONSOR'S SIGNATURE	DATE