

**State of New Mexico
Early Childhood Education & Care Department**



FAMILY/GROUP CHILD CARE HOME LICENSE APPLICATION

<p align="center">APPLICATION FEE - \$15.00 (\$25.00 Late Fee)</p> <p><input type="checkbox"/> INITIAL APPLICATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> ZONING APPROVAL <input type="checkbox"/> FIRE INSPECTION <input type="checkbox"/> ENVIRONMENT DEPARTMENT APPROVAL (if applicable) <input type="checkbox"/> CPR/FIRST AID CERTIFICATION <input type="checkbox"/> ACTIVITY SCHEDULE <input type="checkbox"/> BACKGROUND CHECK CLEARANCE <p><input type="checkbox"/> RENEWAL APPLICATION (Check Current Status)</p> <ul style="list-style-type: none"> <input type="checkbox"/> STAR LEVEL _____ <input type="checkbox"/> NAFCC ACCREDITED Expiration/Renewal Date: _____ (Please attach copy of current certificate) 	<p align="center">AMENDMENT FEE - \$5.00</p> <p><input type="checkbox"/> CHANGE OF CAPACITY</p> <ul style="list-style-type: none"> <input type="checkbox"/> ZONING APPROVAL <p><input type="checkbox"/> STAR STATUS REQUESTING</p> <table style="width:100%; border: none;"> <tr> <td>APPROVED EXEMPT</td> <td><input type="checkbox"/> STAR 1</td> </tr> <tr> <td>LICENSED</td> <td><input type="checkbox"/> STAR 2</td> </tr> <tr> <td>LICENSED</td> <td><input type="checkbox"/> STAR 3</td> </tr> <tr> <td>LICENSED</td> <td><input type="checkbox"/> STAR 4</td> </tr> <tr> <td>ACCREDITED</td> <td><input type="checkbox"/> STAR 5</td> </tr> </table>	APPROVED EXEMPT	<input type="checkbox"/> STAR 1	LICENSED	<input type="checkbox"/> STAR 2	LICENSED	<input type="checkbox"/> STAR 3	LICENSED	<input type="checkbox"/> STAR 4	ACCREDITED	<input type="checkbox"/> STAR 5
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LICENSE NUMBER: _____ LICENSE EXPIRATION DATE: _____

NAME: _____ TELEPHONE NUMBER: _____

ADDRESS: _____ NM _____

(STREET) (CITY) (COUNTY) (ZIP)

MAILING ADDRESS: _____ E-MAIL ADDRESS: _____

AFTER HOURS EMERGENCY NUMBER: _____ FAX NUMBER: _____

DAYS/HOURS OF OPERATION: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

From: _____ am/pm – To: _____ am/pm

CACFP PARTICIPANT: No Yes, Food Program Sponsor: _____

LICENSED FOSTER / TREATMENT FOSTER CARE PROVIDER: Yes No

TRANSPORTATION PROVIDED: Yes No

CAPACITY REQUESTED: 5-6 CHILDREN (2 CHILDREN MAY BE UNDER AGE 2)

5-6 CHILDREN (4 CHILDREN MAY BE UNDER AGE 2) *2ND CAREGIVER REQUIRED

7-12 CHILDREN (4 CHILDREN MAY BE UNDER AGE 2) *2ND CAREGIVER REQUIRED

WHEN CAPACITY REQUESTED EXCEEDS 6 CHILDREN OR 4 CHILDREN UNDER AGE 2, COMPLETE THE FOLLOWING:

SECOND CAREGIVER: _____ TELEPHONE NUMBER: _____

(NAME)

ADDRESS: _____

(STREET) (CITY) (STATE) (ZIP)

NUMBER OF PERSONS AGE 18 YEARS AND OLDER LIVING IN THE HOME: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES NO
IF YES, STATE THE TYPE OF CONVICTION(S), DATE, JUDGE, COURT OF JURISDICTION, AND ADDRESS:

I, _____ HEREBY CERTIFY THAT I HAVE NEVER HAD AN ARREST
(NAME)
OR SUBSTANTIATED REFERRAL TO A CHILD PROTECTIVE SERVICES AGENCY.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE REGULATIONS FOR FAMILY/GROUP CHILD CARE HOMES. I ASSUME RESPONSIBILITY FOR THE CONDUCT, AFFAIRS AND DEALINGS OF THE FAMILY/GROUP CHILD CARE HOME FOR WHICH THE LICENSE IS REQUESTED. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ENSURING THAT THE FAMILY/GROUP CHILD CARE HOME COMPLIES WITH CURRENT LICENSING REGULATIONS.

I UNDERSTAND THAT THE FAMILY/GROUP CHILD CARE HOME IS SUBJECT TO INSPECTION BY THE LICENSING AUTHORITY DURING ALL HOURS OF OPERATION.

I UNDERSTAND THAT FAILURE TO COMPLY WITH THE CURRENT LICENSING REGULATIONS MAY RESULT IN DENIAL OR REVOCATION OF THE LICENSE TO OPERATE A FAMILY/GROUP CHILD CARE HOME. I AM OVER EIGHTEEN YEARS OF AGE AND DO HEREBY FILE THIS APPLICATION FOR A LICENSE TO OPERATE A FAMILY/GROUP CHILD CARE HOME FOR A PERIOD NOT TO EXCEED ONE CALENDAR YEAR.

AFFIDAVIT

STATE OF NEW MEXICO, COUNTY OF: _____

_____ BEING DULY SWORN ACCORDING TO LAW
(Applicants Name)

DEPOSES AND SAYS THAT THE FACTS SET FORTH IN THE FORGOING APPLICATION ARE TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF.

(APPLICANT'S SIGNATURE)

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____ 20____.

(NOTARY PUBLIC)

MY COMMISSION EXPIRES: _____.

PLEASE NOTE:

ALL APPLICATIONS MUST BE ACCOMPANIED BY THE APPROPRIATE FEE IN THE FORM OF A CHECK OR MONEY ORDER PAYABLE TO THE STATE OF NEW MEXICO.

**ALL APPLICATIONS MUST BE NOTARIZED
FEES ARE NON-REFUNDABLE**

**RETURN TO:
EARLY CHILDHOOD EDUCATION & CARE DEPARTMENT
CHILD CARE SERVICES BUREAU – LICENSING UNIT
PO DRAWER 5619, SANTA FE, NM 87502-5160**