

**State of New Mexico  
CHILDREN YOUTH AND FAMILIES DEPARTMENT**



**FAMILY/GROUP CHILD CARE HOME LICENSE APPLICATION**

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| <p align="center"><b>APPLICATION FEE - \$15.00 (\$25.00 Late Fee)</b></p> <p><input type="checkbox"/> <b>INITIAL APPLICATION</b></p> <p><input type="checkbox"/> ZONING APPROVAL</p> <p><input type="checkbox"/> FIRE INSPECTION</p> <p><input type="checkbox"/> ENVIRONMENT DEPARTMENT APPROVAL (if applicable)</p> <p><input type="checkbox"/> CPR/FIRST AID CERTIFICATION</p> <p><input type="checkbox"/> ACTIVITY SCHEDULE</p> <p><input type="checkbox"/> BACKGROUND CHECK CLEARANCE</p> <p><input type="checkbox"/> <b>RENEWAL APPLICATION</b> (Check Current Status)</p> <p><input type="checkbox"/> STAR LEVEL _____</p> <p><input type="checkbox"/> NAFCC ACCREDITED Expiration/Renewal Date: _____<br/>(Please attach copy of current certificate)</p> | <p align="center"><b>AMENDMENT FEE - \$5.00</b></p> <p><input type="checkbox"/> <b>CHANGE OF CAPACITY</b></p> <p><input type="checkbox"/> ZONING APPROVAL</p> <p><input type="checkbox"/> <b>STAR STATUS REQUESTING</b></p> <p>APPROVED EXEMPT    <input type="checkbox"/> STAR 1</p> <p>LICENSED            <input type="checkbox"/> STAR 2</p> <p>LICENSED            <input type="checkbox"/> STAR 3</p> <p>LICENSED            <input type="checkbox"/> STAR 4</p> <p>ACCREDITED        <input type="checkbox"/> STAR 5</p> |
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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) \*2<sup>ND</sup> CAREGIVER REQUIRED

7-12 CHILDREN (4 CHILDREN MAY BE UNDER AGE 2) \*2<sup>ND</sup> 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:  
CHILDREN, YOUTH AND FAMILIES DEPARTMENT  
CHILD CARE SERVICES BUREAU – LICENSING UNIT  
PO DRAWER 5160, SANTA FE, NM 87502-5160**