

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



**CHILD CARE CENTER AND OUT OF SCHOOL TIME CARE LICENSE APPLICATION**

<p align="center"><b>APPLICATION FEE - \$55.00 (\$25.00 Late Fee)</b></p> <p><input type="checkbox"/> <b>INITIAL APPLICATION</b> or <input type="checkbox"/> <b>CHANGE OF OWNER</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ZONING APPROVAL</li> <li><input type="checkbox"/> BUILDING APPROVAL/CERTIFICATE OF OCCUPANCY</li> <li><input type="checkbox"/> FIRE INSPECTION</li> <li><input type="checkbox"/> ENVIRONMENT DEPARTMENT APPROVAL</li> <li><input type="checkbox"/> DIRECTOR'S RESUME</li> <li><input type="checkbox"/> DIRECTOR'S PROOF OF DEGREE</li> <li><input type="checkbox"/> DIRECTOR'S BACKGROUND CHECK CLEARANCE</li> </ul> <p><input type="checkbox"/> <b>RENEWAL APPLICATION</b> (Check current Status)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> STAR LEVEL _____</li> <li><input type="checkbox"/> ACCREDITED</li> </ul>	<p align="center"><b>AMENDMENT FEE - \$20.00</b></p> <p><input type="checkbox"/> <b>CHANGE OF DIRECTOR</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> DIRECTOR'S RESUME</li> <li><input type="checkbox"/> DIRECTOR'S PROOF OF DEGREE</li> <li><input type="checkbox"/> DIRECTOR'S BACKGROUND CHECK CLEARANCE</li> </ul> <p><input type="checkbox"/> <b>CHANGE OF CAPACITY</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> FIRE INSPECTION</li> </ul> <p><input type="checkbox"/> <b>STAR STATUS REQUESTED</b></p> <p>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</p>
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LICENSE NUMBER: \_\_\_\_\_ LICENSE EXPIRATION DATE: \_\_\_\_\_

If Accredited:  NAEYC  NECPA  NAC  ACSI  ICCA  COA  NCCA

Accreditation Expiration/Renewal Date: \_\_\_\_\_ (Please attach copy of current certificate)

NAME OF CENTER: \_\_\_\_\_

CENTER ADDRESS: \_\_\_\_\_ NM \_\_\_\_\_

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

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ 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:  Yes  No      TRANSPORTATION PROVIDED:  Yes  No

CAPACITY REQUESTED: TOTAL OVER AGE TWO \_\_\_\_\_ TOTAL UNDER AGE TWO \_\_\_\_\_ PLAYGROUND CAPACITY \_\_\_\_\_

Youngest Child Accepted: years \_\_\_\_\_ months \_\_\_\_\_      Oldest Child Accepted: years \_\_\_\_\_ months \_\_\_\_\_

TOTAL NUMBER OF CLASSROOMS: \_\_\_\_\_

INFANT CLASSROOMS (6WKS– 12 Mo): \_\_\_\_\_ TODDLER CLASSROOMS (12 – 24 Mo): \_\_\_\_\_

INFANT/TODDLER CLASSROOM: \_\_\_\_\_ PRESCHOOL CLASSROOMS:(3-4-5 YRS) \_\_\_\_\_

SCHOOL AGE CLASSROOMS: (6YRS AND UP) \_\_\_\_\_

NUMBER OF STAFF (TO INCLUDE DIRECTOR): \_\_\_\_\_

CENTER OWNERSHIP: (CHECK ONE)

INDIVIDUAL     PARTNERSHIP     CORPORATION     NON-PROFIT ASSOCIATION (INCLUDING CHURCHES AND SCHOOLS)

OPERATED BY: \_\_\_\_\_  
(LEGAL FACILITY NAME)

FOR PARTNERSHIP CORPORATION OR NON-PROFIT ASSOCIATIONS, LIST THE DIRECTOR'S:

LIST THE PERSON IN WHOSE NAME THE LICENSE IS TO BE ISSUED AND WHO IS RESPONSIBLE FOR COMPLIANCE WITH THE REGULATIONS GOVERNING THE CHILD CARE CENTER(S):

NAME: \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

DIRECTORS QUALIFICATIONS:  Masters \_\_\_\_\_  Bachelors \_\_\_\_\_  Associates \_\_\_\_\_  
 CDA (Child Development Assoc.)     NAC (National Administrators Credential)     Early Childhood Certificate

SITE OR CO-DIRECTOR: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
(IF APPLICABLE)

CO-DIRECTORS QUALIFICATIONS:  Masters \_\_\_\_\_  Bachelors \_\_\_\_\_  Associates \_\_\_\_\_  
 CDA (Child Development Assoc.)     NAC (National Administrators Credential)     Early Childhood Certificate

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 CHILD CARE CENTERS OR OUT-OF-SCHOOL TIME CARE. I ASSUME RESPONSIBILITY FOR THE CONDUCT, AFFAIRS AND DEALINGS OF THE CHILD CARE CENTER OR OUT OF SCHOOL TIME PROGRAM FOR WHICH THE LICENSE IS REQUESTED. I UNDERSTAND I WILL BE RESPONSIBLE FOR ENSURING THAT THE CHILD CARE CENTER OR OUT OF SCHOOL TIME PROGRAM COMPLIES WITH CURRENT LICENSING REGULATIONS.

I UNDERSTAND THAT THE CHILD CARE CENTER OR OUT OF SCHOOL TIME PROGRAM 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 CHILD CARE CENTER OR OUT OF SCHOOL TIME PROGRAM. I AM OVER TWENTY-ONE YEARS OF AGE AND DO HEREBY FILE THIS APPLICATION FOR A LICENSE TO OPERATE A CHILD CARE CENTER OR OUT OF SCHOOL TIME PROGRAM 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 SER FORTH IN THE FORGOING APPLICATION ARE TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF.

\_\_\_\_\_  
(Applicants Signature)

SWORN TO AND SUBSCRIBED BEFORE ME  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
(NOTARY PUBLIC)

MY COMMISSION EXPIRES: \_\_\_\_\_.

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**