

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



CHILD CARE CENTER AND OUT OF SCHOOL TIME CARE LICENSE APPLICATION

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