

Family Day Care Home Registration Form–Provider

Receipt Number _____
Receipt Date _____

SECTION A

Applicant/Billing Information

Name of Applicant _____ Phone _____
Address of Child Care Home _____ Fax _____
City _____ State _____ Zip _____ Email _____
Applicant's Date of Birth _____ Applicant's Social Security No. ____ - ____ - _____

SECTION B

Please list names of **ALL** individuals 15 years and older who reside or who will be present on the premises on a regular basis. Please note whether or not the individual is a helper who works with children.

Name	Address	Date of Birth	Helper	SS# or DL#
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

How many children including applicant's own children under the age of 7 will be in attendance at the child care home? _____

SECTION C

You may return this form with the following information; or if you would like to use the free educational classes, then return this application with the \$125.00 fee, if you have proof of state registration then \$25.00. This application with the appropriate fee must be on file at the Sioux Falls Health Department if you intend on using these free services.

Please check if you have provided the following *additional* information for *all providers and individuals* in the Family Day Care before the final permit can be issued:

- A Current Certificate of Liability insurance
- Documentation that the providers have acquired 6 continuing education credits in the previous year. (Cannot repeat classes within 3 years.) Call Sanford at 312-8390 to register.
- Documentation that provider is current on certification for infant/child CPR and First Aid.
- Documentation that no one who is regularly in the home has not been convicted of a felony in the past five years.
- Documentation that no one who is regularly in the home is on the central registry for abuse and neglect.
- Provide master list of all children present at the day care with contact information in case of an emergency.

SECTION D (This section must be filled out for the application to be processed.)

Have you or any person who frequents the home, as a provider or otherwise, ever been arrested or convicted of an offense for which they would need to register as a sex offender in South Dakota or any other jurisdiction or any lesser or similar related charge? Yes No

If yes, explain _____

Have you or any person who frequents the home ever been arrested, convicted, or put on notice for child abuse and/or neglect? Yes No

If yes, explain _____

Have you or any person who frequents the home been arrested and/or convicted of a felony in the past five years? Yes No

If yes, explain _____

Have you or any person who frequents the home been incarcerated in a federal, state, county, or local correctional facility in the last 10 years? Yes No

If yes, explain _____

Have you ever been a licensed or registered day care provider? Yes No

If yes, where and when _____

Have you ever been or are you currently a State of South Dakota Licensed/Registered Day Care Provider? Yes No

If yes, when _____

Have you ever had a day care license or registration revoked or suspended? Yes No

If yes, explain _____

SECTION E

The Sioux Falls Health Department will issue a registration permit only after payment of the proper fee, ascertainment that facts set forth in the application are true and complete, and satisfactory evidence of the applicant's ability to comply with the provisions of Chapter 92 of the Code of Ordinances of Sioux Falls. The registration fee is a nonrefundable fee for the application process, which will not be returned. The fee is not a guarantee of registration, since all requirements for registration according to City ordinance must be met prior to certificate issuance. Registration fee must accompany application for processing. If all required information for processing is not included, the application and its contents will be kept on file for 90 days or until all requirements are met and all required documentation provided, whichever is shorter. **By signing I am verifying the accuracy of this information to the best of my knowledge. I agree to allow the City Health Department to perform all appropriate screenings.**

I agree to allow City Health Department representatives access to all parts of the property where I operate a Family Day Care. I have read, understand, and agree to City ordinance, Chapter 92 Family Day Care Homes available at www.siouxfalls.org/Business/Daycare or by request from the Health Department.

Signature of Applicant: _____ Date: _____

Make checks payable to: **City of Sioux Falls**

Submit to: **Sioux Falls Health Department**
521 North Main Avenue, Suite 101
Sioux Falls, SD 57104-6419
605-367-8760

OFFICE USE ONLY: _____

Approved by: _____ Sex Registered Check: _____ Date: _____

Date	Time	Notes	Initials