



**Carver County Health & Human Social Services
Family Child Care Licensing**

OFF-YEAR APPLICATION

Provider Information

Provider (Last, First, Full Middle):

Date of Birth:

Co-Provider (Last, First, Full Middle):

Date of Birth:

Street Address:

City:

State:

Zip Code:

Phone #

Email Address:

List all Adults & Children living & Working in the daycare home *(Household members, caregivers, helpers, etc.)*

| | | | |
|----------------------------------|---------------|---------|------------|
| Name (Last, First, Full Middle): | Relationship: | Gender: | Birthdate: |
| Name (Last, First, Full Middle): | Relationship: | Gender: | Birthdate: |
| Name (Last, First, Full Middle): | Relationship: | Gender: | Birthdate: |
| Name (Last, First, Full Middle): | Relationship: | Gender: | Birthdate: |
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| Name (Last, First, Full Middle): | Relationship: | Gender: | Birthdate: |
| Name (Last, First, Full Middle): | Relationship: | Gender: | Birthdate: |
| Name (Last, First, Full Middle): | Relationship: | Gender: | Birthdate: |
| Name (Last, First, Full Middle): | Relationship: | Gender: | Birthdate: |

Hours of Operation

Open from the month of: _____ through the month: _____

| | | | | |
|-------------------|-----------|-------|---|-------|
| For the hours of: | Monday | _____ | - | _____ |
| | Tuesday | _____ | - | _____ |
| | Wednesday | _____ | - | _____ |
| | Thursday | _____ | - | _____ |
| | Friday | _____ | - | _____ |
| | Saturday | _____ | - | _____ |
| | Sunday | _____ | - | _____ |

The information that I have provided on this application is true and accurate. If the Commissioner of Human Services grants me a license, I agree to comply with the requirements contained in MN Rules at all times during the term of the license. I agree that the Commissioner's representative has the right to request any documentation required by Minnesota Rules or Laws and to inspect my home and its grounds at any time during the hours that I provide care. Further, I agree that the documentation and inspection required by the rules is necessary for the Commissioner to determine whether I am complying with Minnesota Rules and Laws.

"Finally, I agree that any documentation that I provide or representations that I make to the Commissioner's representative during the time that I am licensed will be true and accurate and that any misrepresentations or other violations of Minnesota Rules and Laws may result in immediate suspension, suspension or revocation of the license."

| | | | |
|------------------------|-------|---------------------------|-------|
| Signature of Provider: | Date: | Signature of Co-Provider: | Date: |
|------------------------|-------|---------------------------|-------|