



SEABROOK FIRE DEPARTMENT

87 Centennial Street

Seabrook, NH 03874

Phone: 603-474-2611 Fax: 603-474-5187

seabrooknh.info



William J Edwards
Fire Chief
603-474-3880

Richard Saracy
Deputy Fire Chief
603-474-5300

APPLICATION FOR CHILD CARE CENTER

FOR OFFICE USE ONLY
LICENSE NUMBER: _____

REFER TO NH CHILD CARE PROGRAM LICENSING RULES, He-C 4002, AND RSA 170-E:2 (CHILD CARE) FOR REQUIREMENTS FOR EACH PROGRAM TYPE BEFORE CHECKING BELOW PROGRAM TYPE BELOW.

<u>CENTER BASED CHILD CARE</u>	<input type="checkbox"/> INFANT/TODDLER PROGRAM - CARES FOR 5 OR MORE CHILDREN BETWEEN AGES 6 WEEKS-35 MONTHS
	<input type="checkbox"/> GROUP CHILD CARE CENTER - ALL DAY CARE FOR PRESCHOOL CHILDREN WITH NO MORE THAN 4 INFANT/TODDLERS, AND NO MORE THAN 5 SCHOOL - AGE CHILDREN
	<input type="checkbox"/> PRESCHOOL PROGRAM - OPERATES NO MORE THAN 5 HOURS PER DAY FOR CHILDREN 3 YEARS OF AGE AND OLDER, NOT ATTENDING A FULL DAY SCHOOL PROGRAM
	<input type="checkbox"/> SCHOOL AGE PROGRAM - OPERATES NO MORE THAN 5 HOURS PER DAY BEFORE/AFTER REGULAR SCHOOL HOURS (ALL DAY DURING SCHOOL HOLIDAYS AND VACATIONS) FOR CHILDREN 4 YEARS 8 MONTHS AND OLDER
	<input type="checkbox"/> NIGHT CARE PROGRAM - OPERATES 7:00 PM - 6:00 AM

PROGRAM NAME: _____ PHONE: _____

MAILING ADDRESS: _____
STREET

_____ CITY/TOWN _____ STATE _____ ZIP CODE

ACTUAL LOCATION ADDRESS: _____
STREET

_____ CITY/TOWN _____ STATE _____ ZIP CODE

E-MAIL ADDRESS: _____

NAME OF APPLICANT/OWNER

CORPORATION: _____ PHONE: _____

MAILING ADDRESS: _____
STREET

_____ CITY/TOWN _____ STATE _____ ZIP CODE

APPLICANT/OWNER E-MAIL ADDRESS: _____

FEDERAL TAX I.D. NUMBER IF ONE HAS BEEN ASSIGNED: _____

NUMBER & AGE RANGE OF CHILDREN TO BE CARED FOR:

**IF YOU WANT A SINGLE LICENSE TO INCLUDE MULTIPLE BUILDINGS (CHILDCARE PROGRAMS ON THE SAME OR CONTIGUOUS PROPERTY)
YOU MUST PROVIDE THE FOLLOWING FOR EACH BUILDING:**

1. A MEANS BY WHICH WE CAN IDENTIFY THE BUILDING, I.E. BUILDING #1 & 2, FRONT BUILDING, BACK BUILDING OR, IF APPROPRIATE, THE NAME OF THE BUILDING.
2. THE MAXIMUM NUMBER OF CHILDREN AND AGE RANGE THAT WILL BE CARED FOR IN THE BUILDING.

BUILDING IDENTIFIER	MAXIMUM NUMBER OF CHILDREN	AGE RANGE TO BE CARED FOR IN EACH BUILDING					
		FROM	YEARS	MONTHS TO	YEARS	MONTHS	
		FROM	YEARS	MONTHS TO	YEARS	MONTHS	
		FROM	YEARS	MONTHS TO	YEARS	MONTHS	
		FROM	YEARS	MONTHS TO	YEARS	MONTHS	
		FROM	YEARS	MONTHS TO	YEARS	MONTHS	

MONTHS OF OPERATION: _____

DAYS OF OPERATION: _____

OPERATING HOURS: START: _____ END: _____



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ALL APPLICANTS MUST COMPLETE THIS SECTION:

CHILD CARE PROGRAMS LOCATED IN A HOME MUST LIST ALL HOUSEHOLD MEMBERS, REGARDLESS OF AGE OR AMOUNT OF CONTACT WITH ENROLLED CHILDREN, AND OTHER INDIVIDUALS WHO WILL HAVE DAILY CONTACT WITH CHILDREN ENROLLED IN THE PROGRAM, OTHER THAN CHILD CARE PERSONNEL.

CRIMINAL CONVICTIONS OR CURRENT CHARGES, AND CHILD ABUSE OR NEGLECT FINDINGS OR CURRENT INVESTIGATIONS

INSTRUCTIONS: ALL APPLICANTS MUST COMPLETE THIS SECTION, BY CHECKING YES OR NO AND, IF YES, PROVIDING THE REQUESTED INFORMATION.

TO THE BEST OF YOUR KNOWLEDGE, AFTER QUESTIONING ALL PARTIES, ARE THERE ANY CURRENT CRIMINAL CHARGES, OR HISTORY OF CRIMINAL CONVICTIONS, OR CURRENT INVESTIGATIONS OR PREVIOUS FINDINGS OF CHILD ABUSE OR NEGLECT, OR ANY CURRENT INVESTIGATIONS OR PREVIOUS ADJUDICATIONS OF JUVENILE DELINQUENCY, INVOLVING ANY APPLICANT, OWNER, PROVIDER, HOUSEHOLD MEMBER, CHILD CARE PERSONNEL, BOARD MEMBER OR ANY OTHER INDIVIDUAL WHO WILL HAVE DAILY CONTACT WITH CHILDREN?

- NO (IF NO, MOVE TO NEXT SECTION)
- YES (IF YES, COMPLETE THE FOLLOWING SECTION, PROVIDING AS MUCH DETAIL AS POSSIBLE)



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PLEASE CAREFULLY READ EACH STATEMENT BEFORE SIGNING.

BY SIGNING BELOW I HEREBY CERTIFY THAT:

I UNDERSTAND THAT THE DEPARTMENT MAY INVESTIGATE ANY CRIMINAL CONVICTION RECORD, FINDING OF CHILD ABUSE OR NEGLECT, OR INVESTIGATION OF OR FINAL DETERMINATION REGARDING ANY JUVENILE DELINQUENCY AND WILL MAKE A DETERMINATION REGARDING WHETHER THE INDIVIDUAL IS ELIGIBLE TO BE IN THE CHILD CARE PROGRAM:

I UNDERSTAND THAT THE DEPARTMENT MAY DELAY ITS DECISION TO APPROVE OR DENY THIS APPLICATION PENDING THE OUTCOME OF ANY INVESTIGATION, WHEN THE APPLICANT, OWNER, CENTER DIRECTOR, SITE COORDINATOR, OR SITE DIRECTOR ARE NAMED AS THE PERPETRATOR IN ANY CURRENT INVESTIGATION OF ANY CRIME, OR IN AN ALLEGATION OF ABUSE OR NEGLECT.

I UNDERSTAND THAT PROVIDING FALSE INFORMATION ON THIS APPLICATION OR ANY OF THE ATTACHMENTS, OR FAILING TO DISCLOSE ANY INFORMATION REQUIRED ON THE APPLICATION, OR REQUIRED TO BE SUBMITTED WITH THIS APPLICATION, SHALL BE CONSIDERED GROUNDS FOR LICENSE DENIAL OR REVOCATION.

I HAVE READ THE NH CHILD CARE PROGRAM LICENSING RULES, AND UNDERSTAND THAT FAILURE TO MAINTAIN MY PROGRAM IN COMPLIANCE WITH THE APPLICABLE RULES MAY JEOPARDIZE MY LICENSE/PERMIT AND/OR RESULT IN FINES BEING ASSESSED BY THE DEPARTMENT.

I AUTHORIZE ANY POLICE DEPARTMENT, COURT SYSTEM, OR HUMAN SERVICE AGENCY IN THIS OR ANY OTHER STATE TO RELEASE COPIES OF ANY CRIMINAL RECORDS OR CHILD ABUSE OR NEGLECT RECORDS TO THE DEPARTMENT; AND

ALL INFORMATION PROVIDED AS PART OF THIS APPLICATION AND IN THE REQUIRED ATTACHMENTS IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SINGNATURE OF APPLICANT/OWNER

DATE SIGNED

SIGNATURE OF CENTER DIRECTOR/SITE COORDINATOR/SITE DIRECTOR

DATE SIGNED

DIAGRAM OF INDOOR & OUTDOOR CHILDCARE SPACE

INSTRUCTIONS: YOU MUST COMPLETE A SEPERATE PLAN FOR EACH BUILDING WHEN THERE ARE MULTIPLE BUILDINGS. (YOU MAY COPY THIS PAGE OR ATTACH SEPERATE SHEETS FOR EACH BUILDING).

THE PLAN MUST IDENTIFY:

A. FOR INDOOR SPACE: FOR EACH BUILDING THAT WILL BE USED AS A CHILD CARE SPACE, THE FLOOR PLAN SHALL INCLUDE:

1. ROOM DIMENSIONS
2. LOCATION OF EXITS
3. HOW EACH ROOM WILL BE USED
4. THE LOCATION OF BATHROOMS AND BATHROOM FIXTURES (TOILETS & SINKS)
5. THE LOCATION OF OTHER HAND WASHING SINKS.

B. FOR OUTDOOR PLAY SPACE:

1. THE OVERALL DIMENSIONS OF OUTDOOR PLAY SPACE
2. THE LOCATION OF EXITS, GATES, AND STATIONARY PLAYGROUND EQUIPMENT
3. THE LOCATION OF THE OUTDOOR PLAY SPACE IN RELATION TO THE INDOOR SPACE
4. THE PRESCENCE OF AND LOCATION OF ANY POOLS, PONDS, STREAMS, RIVERS, STREETS, ROADS, OR OTHER HAZARDS THAT ARE IN CLOSE PROXIMITY