|  |
| --- |
| **Applicant**- means prospective operator person or entity who or that has duly submitted an application for the registration of a day care facility for children. |
| **Provider-** in relation to a day care facility’s operation, means the operator’s primary persons responsible for the day to day operation of the day care facility. |
| **Assistant-** means in relation to the operation of a day care facility means any person who assists the provider of the day care facility in caring for the children at the day care facility |
| **Section A: Applicant Information** |  |  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **A1.** Name of the Applicant  |  |  |  |
| First | Middle | Last |
| **A2.** Contact telephone numbers for the Applicant  | Landline: |  | Cell / Other: |  |
| **A3.** Name of the Provider(Or tick if same as Applicant 🞎) |  |  |  |
| First | Middle | Last |
| **A4.** Contact telephone numbers for the Provider | Landline: |  | Cell / Other: |  |
| **A5.** Address of... | Applicant  | Provider (Tick if same as Applicant 🞎) |
| Address # and Street Name: |  |  |
| City / Town / Village: |  |  |
| District (if in Belize) | 🞎Bz | 🞎Cz | 🞎Ow | 🞎 Cy | 🞎Sc | 🞎Tl | 🞎Bz | 🞎Cz | 🞎Ow | 🞎 Cy | 🞎Sc | 🞎Tl |
| Country | Belize |  |
| **A6.** Email Address... |  |  |
| **Section B: Facility Information** |  |
| **B1.** Name of the facility as it is to appear on the license |  |  |
| **B2.** Is the address of the facility the same as for the Applicant/ Provider | 🞎 Yes... answer B3. | 🞎 No... answer B4 |
| **B3**. Please list the occupants of the facility address: (***if you need more space, please write on the back and tick this box***🞎) |
| Name (Given, Family) | Sex *(M/F)* | Date of Birth (d/m/y) | Relationship to Applicant/ Provider |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***If you have listed the facility occupants above, then please continue with question B5, otherwise please complete B4 immediately below*** |
| **B4**. Address of the facility... |  |  |
| Address # and Street Name: |  | Telephone number: |  |
| City / Town / Village: |  |  | District: | 🞎Bz | 🞎Cz | 🞎Ow | 🞎 Cy | 🞎Sc | 🞎Tl |
| **B5.** Type of Facility(tick as many as apply) | 🞎 Category 1. A separate building | 🞎 Category 2. A separate section of building |
| 🞎 Category 3. Services within the regular family setting |
|  |  |
| **B6.** Maximum capacity (number of children) you wish to care for at this facility? |  |  |
| **B7.** When would like to open the facility? (d/m/y) |  |  |  |
| **B9.** Which months of the year would the facility operate? *(include any month where you may only operate partially)* |
| 🞎 Jan | 🞎 Feb | 🞎 Mar | 🞎 Apr | 🞎 May | 🞎 Jun | 🞎 Jul | 🞎 Aug | 🞎 Sep | 🞎 Oct | 🞎 Nov | 🞎 Dec |
| **B10.** What other services would be offered at the facility? | 🞎 Full Day | 🞎 Half Day |
| 🞎 Drop in | 🞎 Pick-up | 🞎 Before School | 🞎 After School | 🞎 Weekend |
| 🞎 Other…*(please describe)* |  |  |  |
|  |  |  |  |  |

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| **Section C: Facility Staff** |
| **C1**. Proposed number of Assistant\* at the facility: (***if you need more space, please write on the back and tick this box***🞎) |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Assistant Name | Date of Birth(d/m/y) | Belizean? | Position in Facility and Duties | Qualifications / Experience of working with children |
| 1 |  | ***d*** | ***m*** | ***y*** | 🞎 Y | 🞎 N |  |  |
| 2 |  | ***d*** | ***m*** | ***y*** | 🞎 Y | 🞎N |  |  |
| 3 |  | ***d*** | ***m*** | ***y*** | 🞎 Y | 🞎N |  |  |
| 4 |  | ***d*** | ***m*** | ***y*** | 🞎 Y | 🞎N |  |  |
| 5 |  | ***d*** | ***m*** | ***y*** | 🞎 Y | 🞎N |  |  |
| 6 |  | ***d*** | ***m*** | ***y*** | 🞎 Y | 🞎N |  |  |

 |
| ***\* According to the regulations, ‘assistant’ means any person who assists the provider of the day care facility in caring for the children at the day care facility.*** |
| **Section D: Checklist and Declaration** |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **D1.**Has the Applicant /Provider, ever applied for, or held, a license for a care facility for children before? | 🞎Yes | 🞎No (gotoD3) | 🞎Yes | 🞎No (go to D3) |
| Applicant | Provider  |

 |
| **D2.** For what reasons are you reapplying? |  |  |
| **D3.** Has any applicant, provider or assistant ever been accused of child abuse?  | 🞎Yes | 🞎No |
| Please confirm each of the following documents is being submitted with this application. (Place a tick in the Applicant column only)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Document** | **Applicant** | **Office** | **Document** | **Applicant** | **Office** |
| Floor Plan  | 🞎 | 🞎 | Photographs of the layout of the facility | 🞎 | 🞎 |
| Operations Manual | 🞎 | 🞎 | Medical Checks | 🞎 | 🞎 |
| Treasury Receipt | 🞎 | 🞎 | 3 Letters of Reference per Staff member | 🞎 | 🞎 |
| Treasury *Receipt #:* |  | Police Record *(All Belizean staff)* | 🞎 | 🞎 |
| ***OR*** Copy of picture page of passport*(All non-Belizean staff)* |

**Declaration:**I understand that an interview/inspection is part of the application process, and that the Ministry will make its own investigations regarding the information submitted in this application. I hereby give consent to allow access to the facility for such purposes, and understand that any false allegations contained herein make me subject to penalties as set out in the appropriate regulations, and invalidate this application. I also understand that any changes regarding location, operator, services, capacity, or providers must be immediately reported to the Inspector of Social Service Institutions in the Ministry.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Signature of Applicant |  | Date (d / m / y) |  |

**Section E: Receipt (Office Use Only)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I |  | , have received the above child care facility application form on | *d* | *m* | *y* |
|  | The application contained all the appropriate documents | 🞎 Yes | 🞎 No | Application #:  |  |

 |