



**Virginia Department of Education  
 Division of Early Childhood Care and Education  
 Office of Child Care Health and Safety**

**APPLICATION FOR VOLUNTARY REGISTRATION (VR-FDH)**

- Complete this application, as appropriate, and review it carefully to ensure completeness before submitting. **Retain a copy of the application and all attachments for your records.**
- This is a fillable form, and it is recommended that applicants type and electronically sign the form.
- If you are unable to type in the form, please print legibly using permanent, blue or black ink.
- Contact the Office of Child Care Health and Safety (OCCHS) or the contract agency in your region if there are any questions regarding this application. The OCCHS and contract agency contact list is on the [VDOE website](#).

***If the application is incomplete, the applicant will be notified in writing. If the applicant does not submit a complete application including all required attachments within 30 days from the notification, the application will be closed and a new application will be required.***

**PART 1: APPLICANT INFORMATION**

**APPLICATION AGREEMENT**

1. I am in receipt of and have read a copy of the laws and regulations applicable to the type of facility for which I am making application.
2. It is my intent (a) to comply with applicable laws and regulations and (b) to maintain compliance with them if I am so registered.
3. I understand the representatives of the Virginia Department of Education and representatives of the contract agency are authorized to investigate all aspects of the family day home's (facility) operations, to inspect the facility, and to make any investigations necessary concerning the circumstances surrounding this application. I understand that if the facility is approved, the Department's representatives or representatives of the contract agency will make announced and unannounced inspections during the hours of operation to investigate complaints received and to determine continuing compliance.
4. I understand that I must maintain professional conduct in all interactions with agents, employees, partners and assigns of the Virginia Department of Education as they are related to this application and the subsequent certificate of registration, if issued.
5. In the event this application is denied, I understand that I have appeal rights that are explained in the *Code of Virginia* and in the regulations, *Voluntary Registration for Family Day Homes - Requirements for Providers*.
6. I am aware that pursuant to § [22.1-289.027](#) of the *Code of Virginia*, it is a misdemeanor for any person to interfere with an authorized agent of the superintendent in the discharge of his duties, make false or untrue reports with respect to the operation of the facility, engage in the operation of a facility without first obtaining a license if required, or serve more persons than the maximum capacity stipulated on the license.

This application must be signed by an applicant or agent listed in the "Identifying Information" section of the Business Entity page completed.

**I declare that the information submitted on this application is true and correct to the best of my knowledge and belief. I declare that I am the primary child care provider and that the child care provided is either in my home or the residence of one of the children receiving care. I understand that I must disclose to parents or guardians of children in care the percentage of time per week that someone other than myself will care for children. I understand that my name, address, telephone number, and hours of operation will be available to parents interested in obtaining childcare and that VDOE may post this information on the public website as a resource to parents.**

**Signature of Applicant:**

**Date:**

**Printed Name of Applicant:**

**Family Day Home Provider's First and Last Name:**

**For Office of Child Care Health and Safety Use Only:**

Date Received:	Received by:	Inspector:	Application No.:	File No.:

<b>PROVIDER INFORMATION</b> This section must be completed in its entirety.			
<b>Legal Business Entity Applying for Voluntary Registration</b>			
<b>Facility Name as you Want it to Appear on the Certificate of Registration*</b>			
<i>*Note: A name different than that of the legal business entity name will only be reflected on the certificate of registration in addition to the family day home provider's name and the legal entity name if documentation of a fictitious name obtained through the Virginia State Corporation Commission (VSCC) is submitted.</i>			
<b>Primary Phone Number</b> (to be listed on the public website)		<b>Landline Phone Number</b>	
<b>E-mail Address</b> (used for VDOE correspondence)		<b>Cell Phone Number</b>	
<b>Street Address of Family Day Home</b> (physical address)		<i>City</i>	<i>State Zip</i>
<b>Mailing Address of Family Day Home</b> (if different from physical address)		<i>City</i>	<i>State Zip</i>
<input type="checkbox"/> <b>Social Security Number</b> <u>OR</u> <input type="checkbox"/> <b>Federal Tax ID Number</b>		<b>Date of Birth</b>	
<b>PROGRAM INFORMATION</b> This section must be completed in its entirety.			
<b>I am applying for:</b> <input type="checkbox"/> Initial Certificate of Registration <input type="checkbox"/> Renewal Certificate of Registration <input type="checkbox"/> address change only <input type="checkbox"/> name change only		<b>Months of Operation</b> (check year round if applicable, or check all that apply if not operating year round): <input type="checkbox"/> Year Round <input type="checkbox"/> January <input type="checkbox"/> April <input type="checkbox"/> July <input type="checkbox"/> October <input type="checkbox"/> February <input type="checkbox"/> May <input type="checkbox"/> August <input type="checkbox"/> November <input type="checkbox"/> March <input type="checkbox"/> June <input type="checkbox"/> September <input type="checkbox"/> December	
<b>Have you ever operated a licensed, registered or exempt child day program within the Commonwealth of Virginia?</b> yes <input type="checkbox"/> no <input type="checkbox"/> <b>If so, what type?</b> Family Day Home <input type="checkbox"/> Child Day Center <input type="checkbox"/> Previous Facility Name:		<b>Days of Operation</b> (check all that apply) <input type="checkbox"/> Monday <input type="checkbox"/> Wednesday <input type="checkbox"/> Friday <input type="checkbox"/> Sunday <input type="checkbox"/> Tuesday <input type="checkbox"/> Thursday <input type="checkbox"/> Saturday	
<b>Check all that apply, if any:</b> <input type="checkbox"/> intend to apply to become a child care subsidy vendor <input type="checkbox"/> currently a child care subsidy vendor <input type="checkbox"/> offer evening care (after 7pm but not through the night) <input type="checkbox"/> offer overnight care (after 7pm and through the night) <input type="checkbox"/> willing and able to serve as a substitute provider and interested in being included on the substitute provider list maintained by the contracting organization		<b>Hours of Operation</b> _____ AM <input type="checkbox"/> PM <input type="checkbox"/> to _____ AM <input type="checkbox"/> PM <input type="checkbox"/> Other hours of operation, including summer hours, school holidays, and inclement weather days, if different than regular hours:	
<b>Are you currently participating in the USDA Food Program?</b> yes <input type="checkbox"/> no <input type="checkbox"/> <b>If yes, list name of Sponsoring Agency:</b> _____		<b>Requested Capacity</b> (number of children for which you are requesting approval/ <b>may not exceed 4</b> )	
<b>If no, are you interested in participating in the USDA Food Program?</b> yes <input type="checkbox"/> no <input type="checkbox"/>		<b>Requested Age Range</b> (specify weeks, months, or years) Minimum age _____ Maximum age _____ (12 years maximum)	



## PART 2: BUSINESS ENTITY TYPE APPLYING FOR VOLUNTARY REGISTRATION

Check only ONE box and submit ONLY the corresponding business entity page.

<input type="checkbox"/> <b>Individual/Sole Proprietor</b>	→ Go to Business Entity A, page 6
<input type="checkbox"/> <b>Partnership</b> *Partnership Documentation Required A general partnership (sometimes simply referred to as a “partnership”) is an association of two or more persons to carry on, as co-owners, a business for profit. Each partner contributes money, property and/or services in return for an interest in the general partnership, shares in the profits and losses of the general partnership’s business and has equal rights in the management and conduct of the partnership’s business. A limited partnership, a type of partnership distinct from a general partnership, is formed by two or more persons with at least one general partner and one limited partner. The general partners exercise control over the management of the limited partnership’s business.	→ Go to Business Entity B, page 7
<input type="checkbox"/> <b>Corporation</b> *Corporation Documentation Required A corporation is an artificial person or legal entity managed by a board of directors, consisting of one or more individuals, who collectively elect officers to run the corporation’s day-to-day business activities.	→ Go to Business Entity C, page 8
<input type="checkbox"/> <b>Limited Liability Company (LLC)</b> *LLC Documentation Required A limited liability company is an unincorporated association of one or more members (the owners) who share in the profits and losses of the company’s business. It is managed in accordance with an operating agreement by one or more members (member-managed) or by one or more managers (manager-managed). A limited liability company is a separate legal entity and, generally, the members and managers are not liable for the obligations of the limited liability company.	→ Go to Business Entity D, page 9

## PART 3: REQUIRED ATTACHMENTS

	Check if submitted
1. Voluntary Registration Health and Safety Checklist (see VDOE <a href="#">website</a> )	<input type="checkbox"/>
2. Tuberculosis (TB) Test/Screening (see VDOE <a href="#">website</a> )  All caregivers as well as household members that are at least 18 years old must have a TB test/screening (within 90 days prior to submitting an initial application).	<input type="checkbox"/>
3. <b>Background Checks</b> – Attach copies of all completed background check results or send through encrypted email to your locality's contract agency or licensing office.  <b>INITIAL APPLICATION:</b> Background checks are required for any applicant, agent, caregiver or adult household member who is at least 18 years old. Additionally, results of a Virginia Child Protective Services Central Registry Check must also be submitted for household members 14 years of age and older. The sworn statement or affirmation must be dated no more than 30 days prior to the date of this application.  <b>RENEWAL APPLICATION:</b> Background checks are required for any applicant, agent, caregiver or adult household member who is at least 18 years old. Additionally, results of a Virginia Child Protective Services Central Registry Check must also be submitted for household members 14 years of age and older. Background checks must be updated every five years; however, the sworn statement or affirmation must be dated no more than 30 days prior to the date of this application for any NEW adult household members and any NEW individuals listed in the section for Type of Business Entity under “Identifying Information.”  <ul style="list-style-type: none"> <li>• Background checks are required for any person listed in the <a href="#">Code of Virginia § 22.1-289.035, et. seq.</a></li> <li>• <b>Sworn Statement or Affirmation</b> (model form available on VDOE <a href="#">website</a>).</li> <li>• <b>National Criminal Background Check</b> obtained through Fieldprint and the VDSS Office of Background Investigations (OBI) – The National Criminal Background Check is completed after submission of the initial application. You will be contacted and given information on how to obtain fingerprint background checks. Applicants will then need to complete the fingerprint background check before the initial inspection is scheduled.</li> <li>• <b>Child Protective Services Central Registry Check</b> obtained through VDSS OBI.</li> <li>• <b>Out-of-State Central Registry Check</b> for any individual who has lived in another state in the past five years.</li> <li>• <b>Out-of-State Criminal History Name Check</b> for any individual who has lived in another state in the past five years unless the state is identified as a National Fingerprint File (NFF) state.</li> <li>• <b>Out-of-State Sex Offender Registry Check</b> for any other state in which a person has resided in the past five years.</li> </ul>	<input type="checkbox"/>



## BUSINESS ENTITY B: PARTNERSHIP

A general partnership (sometimes simply referred to as a "partnership") is an association of two or more persons to carry on, as co-owners, a business for profit. Each partner contributes money, property and/or services in return for an interest in the general partnership, shares in the profits and losses of the general partnership's business and has equal rights in the management and conduct of the partnership's business.

A limited partnership, a type of partnership distinct from a general partnership, is formed by two or more persons with at least one general partner and one limited partner. The general partners exercise control over the management of the limited partnership's business.

**PARTNERSHIP**     General Partnership                       Limited Partnership

### Identifying Information

**Name of Partnership Applying for License**

<b>Mailing Address</b> <i>Street/P.O. Box</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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<b>Partnership Tax ID Number/ FEIN</b>	<b>Designated Contact Person for the Partnership</b> (must be an individual identified as an applicant or agent) <i>Name</i>	<i>Title</i>
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<i>Email</i>	<i>Phone Number</i>
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Provide the following information on each general and limited partner: *(Attach additional pages if needed.)*

<b>Name</b>	<b>Title</b>	<b>Email Address</b>	<b>Phone Number</b>

List the name, title and address of any agent(s) other than the partners who is empowered to act on behalf of the partnership in matters relating to the facility:

<b>Name</b>	<b>Title</b>	<b>Email Address</b>	<b>Phone Number</b>

### Required Attachments

- If certified by the Virginia State Corporation Commission (VSCC), documentation from the VSCC that the partnership is active AND in good standing (i.e. Annual Report to VSCC, status print out from VSCC, certificate of fact of existence from VSCC, etc.)
- Proof of filing certified by the VSCC (i.e., a copy of the statement of partnership authority or certificate of limited partnership) or the clerk of the circuit court or, if none, a partnership agreement that clearly delineates the responsibilities of each partner in the operation and maintenance of the facility for which the partnership is seeking licensure (only required at renewal if not previously submitted to the Department or if there has been a change to the partnership since the last certificate was issued)

### Fictitious Name

A fictitious name is a name that a person (individual or business entity) uses instead of the person's legal name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's legal name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). ***If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.***

A facility name different than that of the legal business entity name will only be reflected on the certificate of registration in addition to the legal name if documentation of a fictitious name obtained through the Virginia State Corporation Commission (VSCC) is submitted. For information regarding requirements for the use of a fictitious name in Virginia visit <https://www.scc.virginia.gov/clk/befaq/fict.aspx>.

### Required Attachment if Using a Fictitious Name:

- (If not previously submitted to the Department) Documentation of the legal fictitious name registered with the proper designated authority, VSCC

## BUSINESS ENTITY C: CORPORATION

A corporation is an artificial person or legal entity managed by a board of directors, consisting of one or more individuals, who collectively elect officers to run the corporation's day-to-day business activities.

**CORPORATION**       Domestic Corporation       Foreign Corporation

### Identifying Information

**Name of Corporation Applying for License**

<b>Corporate Mailing Address Street/P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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<b>Corporate Tax ID Number/FEIN</b>	<b>Designated Contact Person for the Corporation (must be an individual identified as an applicant or agent)</b> <i>Name</i>	<b>Title</b>
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<b>Email</b>	<b>Phone Number</b>
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Provide the following information on each officer of the corporation. (Attach additional pages if needed.)

<b>Title</b>	<b>Name</b>	<b>Email Address</b>	<b>Phone Number</b>
<b>President</b>			
<b>Vice President</b>			
<b>Secretary</b>			
<b>Treasurer</b>			

List the name, title and address of any agent(s) other than the officers who is empowered to act on behalf of the corporation in matters relating to the facility.

<b>Name</b>	<b>Title</b>	<b>Email Address</b>	<b>Phone Number</b>

### Required Attachments

- Documentation from the VSCC that the corporation is active AND in good standing (i.e. Annual Report to VSCC, status print out from VSCC, certificate of good standing from VSCC, etc.)
- Certificate of Incorporation issued by the State Corporation Commission or for corporations formed under laws of a jurisdiction other than Virginia, Certificate of Authority to Transact Business in Virginia issued by the State Corporation Commission (only required at renewal if not previously submitted to the Department or if there has been a change to the corporation since the last certificate was issued)
- Articles of incorporation (only required at renewal if not previously submitted to the Department or if there has been a change to the corporation since the last certificate was issued)

### Fictitious Name

A fictitious name is a name that a person (individual or business entity) uses instead of the person's legal name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's legal name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). **If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.**

A facility name different than that of the legal business entity name will only be reflected on the certificate of registration in addition to the legal name if documentation of a fictitious name obtained through the Virginia State Corporation Commission (VSCC) is submitted. For information regarding requirements for the use of a fictitious name in Virginia visit <https://www.scc.virginia.gov/clk/befaq/fict.aspx>.

### Required Attachment if Using a Fictitious Name:

- (If not previously submitted to the Department) Documentation of the legal fictitious name registered with the proper designated authority, VSCC

## BUSINESS ENTITY E: LIMITED LIABILITY COMPANY

A limited liability company is an unincorporated association of one or more members (the owners) who share in the profits and losses of the company's business. It is managed in accordance with an operating agreement by one or more members (member-managed) or by one or more managers (manager-managed). A limited liability company is a separate legal entity and, generally, the members and managers are not liable for the obligations of the limited liability company.

**LIMITED LIABILITY COMPANY (LLC)**  Domestic LLC  Foreign LLC

### Identifying Information

**Name of LLC Applying for License**

**LLC Mailing Address** *Street/P.O. Box*

*City*

*State*

*Zip*

**LLC Tax ID Number/FEIN**

**Designated Contact Person for the LLC**  
(must be an individual identified as an applicant or agent) *Name*

*Title*

*Email*

*Phone Number*

Provide the following information on each manager and member or other persons authorized to manage the business and affairs of the LLC. (Attach additional pages if needed.)

<b>Title</b>	<b>Name</b>	<b>Email Address</b>	<b>Phone Number</b>

List the name, title and address of any agent(s) other than the members and managers who is empowered to act on behalf of the LLC in matters relating to the facility:

<b>Name</b>	<b>Title</b>	<b>Email Address</b>	<b>Phone Number</b>

### Required Attachments

- Documentation from the Virginia State Corporation Commission (VSCC) that the LLC is active AND in good standing (i.e. Annual Report to VSCC, status print out from VSCC, certificate of fact of existence from VSCC, etc.)
- Certificate of Organization or Certificate of Registration (for LLCs formed under the laws of a jurisdiction other than Virginia) issued by the VSCC (only required at renewal if not previously submitted to the Department or if there has been a change to the LLC since the last certificate was issued)
- Articles of organization (only required at renewal if not previously submitted to the Department or if there has been a change to the LLC since the last certificate was issued)

### Fictitious Name

A fictitious name is a name that a person (individual or business entity) uses instead of the person's legal name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's legal name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). **If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.**

A facility name different than that of the legal business entity name will only be reflected on the certificate of registration in addition to the legal name if documentation of a fictitious name obtained through the VSCC is submitted. For information regarding requirements for the use of a fictitious name in Virginia visit <https://www.scc.virginia.gov/clk/befaq/fict.aspx>.

### Required Attachment if Using a Fictitious Name:

- (If not previously submitted to the Department) Documentation of the legal fictitious name registered with the proper designated authority, VSCC

***For Contract Agency Use Only, if applicable:***

**RECOMMENDATION FOR CERTIFICATE OF REGISTRATION**

Stipulations:

I certify that the Requirements for Voluntary Registration of Family Day Homes have been reviewed at the home named below and that these requirements have been met by the provider. I recommend a Certificate of Registration be issued with an effective date range of:

\_\_\_\_\_ through \_\_\_\_\_

\_\_\_\_\_  
**Executive Director / Agency  
Representative**

\_\_\_\_\_  
**Contracting Organization**

\_\_\_\_\_  
**Date**