



**White Earth Child Care
Early Childhood Program
PO Box 418
White Earth, MN 56591**

New Licensing Application

Applicants Name (Last, First and MI):		Other Names Used:	Birth Date:
Co-Applicant (Last, First and MI):		Other Names Used:	Birth Date:
Address:	Cell Phone (s):	Telephone:	
City:	State:	Zip Code:	

Dwelling Information (check all that apply)

Own Rent Two Story Single Level w/Basement Mobile Home year: _____

Non-Residential Building *Year Home or Building (s) was built _____ Wood Burning Stove or Fireplace

Do you reside *on or near* the White Earth Reservation? _____ Direction to residential or non-residential child care site. _____

**Initial inspection of proposed child care site determines licensing status and conditions of licensing numbers.*

Do you have homeowner's insurance or business insurance? _____ If so, name agency and policy information ? _____

Are you an enrolled member or descendent of the Minnesota Chippewa Tribe or other Federally recognized tribe? _____ If so, please include enrolled ID# or second generation descendent _____

Do you have a valid MN driver's license? _____ Do you have auto insurance? _____ If so, name agency and policy information. _____

Are you willing to attend *pre-service training + CPR/1st Aid and SIDS/SBS* ? _____
**annual training hours are also required for licensing*

Do you have a college degree or previous higher learning that relates to working children and/or child development? _____ If so, please name degree and/or college attended _____

Are you currently working or attending school? _____

Do you or anyone residing in the residence that is unable to pass a criminal background check that would prevent licensing? _____

Any Other Licensure

Are you currently licensed with one of the following?

Check all that apply: Child Care License Child Foster Care License Adult Foster Care License

Licensed with County/State/Agency Name: _____ Date: _____

**if you currently provide tribally licensed foster care we are unable to dual license*

List all children and adults living/working in dwelling:

<u>First Name</u>	<u>Last Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Is this person able to pass a Background Check</u>
						N/Y
						N/Y
						N/Y
						N/Y
						N/Y
						N/Y

**Background checks are completed on 13 years and older*

References: (Non-related individuals)

**Please list persons that know you personally or professionally that will respond to questions of your character and responsibility in caring for children*

Name (Last, First, MI): _____
Street Address: _____ City: _____ State: _____
Telephone: (Home): _____ Cell: _____

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Street Address: _____ City: _____ State: _____
Telephone: (Home): _____ Cell: _____

Name (Last, First, MI): _____
Street Address: _____ City: _____ State: _____
Telephone: (Home): _____ Cell: _____

Hours of Operation: *What are you considering as business hours of child care needs?*

Monday thru Friday: _____ AM (to) _____ PM *Would your child care be open for non traditional hours? _____

Saturday: _____ Sunday: _____

Open on any holidays? If so, which? _____

Please list helper(s) name, age and relationship, if any:

Name (Last, First, MI): _____	Relationship: _____
Street Address: _____	City: _____ State: _____
Telephone: (Home): _____	Cell: _____

Name (Last, First, MI): _____	Relationship: _____
Street Address: _____	City: _____ State: _____
Telephone: (Home): _____	Cell: _____

**Any person considered a helper must pass a criminal background check, complete a physical and attend CPR/1st Aid, SIDS/SBS certified training and child development.*

The information that I have provided on this application is true and accurate. If the White Earth Tribal Council grants me a license, I agree to comply with the requirements contained in the Family/Group Center Based Licensing Standards at all times during the term of the license.

I agree that the White Earth Tribal Council's representative has the right to request any documentation required by the Family/Group Center Based Licensing Standards and to inspect my home/child care facility and it's 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 White Earth Tribal Council to determine whether I am complying with the Family/Group Center Based Licensing Standards.

Finally, I agree that any documentation that I provide or representations that I make to the White Earth Tribal Council's representative during the time that I am licensed will be true and accurate and that any misrepresentations or other violations of the Family/Group Center Based Licensing Standards may result in immediate suspension or revocation of the license.

Signature of Applicant: _____ Date: _____

Signature of Co-applicant: _____ Date: _____

License Types

“Infant” means a child who is at least 6 weeks of age but less than 12 months of age.

“Toddler” means a child who is at least 12 months of age but less than 36 months of age.

“Preschooler” means a child who is at least 36 months of age, but less than 5 years of age.

“School age” means a child 5 years to 12 years of age.

TYPE OF LICENSE	CLASS OF LICENSE	ADULT CARE GIVER	SCH AGE	PRE SCH	INFNT & TODD	MAX # INFANTS	MAX # TODDLERS	TOTAL CAP.
FAMILY CHILD CARE	A	1	4	3	3	2	3	10
INF/TOD FCC	B1	1	0	0	6	2	4	6
INF/TOD FCC	B2	1	0	2	4	2	4	6
INF/TOD FCC	B3 *	2	0	0	12	4	8	12
INF/TOD FCC	B4 *	3	0	0	12	6	6	12
GROUP FAMILY CC	C1*	1	2	5	3	2	3	10
GROUP FAMILY CC	C2*	1	2	8	2	1	2	12
GROUP FAMILY CC	C3*	2	4	6	4	3	4	14
INFANT/TODDLER CENTER BASED CC	D *	2	0	2	7	4	7	9
CENTER BASED CC	E1 *	1	2	5	3	2	3	10
CENTER BASED CC	E2 *	2	2	8	2	1	2	12
CENTER BASED CC	E3 *	2	4	6	4	3	4	14
CENTER BASED CC	E4 *	3	6	15	9	6	9	30
CENTER BASED CC	E5 *	4	8	20	12	8	12	40

*A variance may apply with age of a child transitioning into next age category.

Agency Use Only:

Date application requested: _____ Date returned: _____ Processed: _____ Approved: _____

Attended pre-service training Y/N _____ Fire Inspection requested: _____ Date: _____

Notes: _____

