



RENEWAL APPLICATION FOR CHILD CARE CENTER, PRESCHOOL, OR HEAD START

Good beginnings last a lifetime. The service you offer to children and youth is important to the community and will have a lasting impact on the children and youth in your program. Kansas child care laws and regulations are designed to reduce the predictable risk of harm to children and youth. By completing and submitting this application you are: 1) requesting a license to operate a child care facility and 2) affirming that you have read and agree to comply with all laws and regulations for licensed child care centers.

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SECTION I: INTENT OF THE APPLICANT/OWNER.

_____ This application is notification to renew the existing license for another year with no changes.

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SECTION II: FACILITY INFORMATION.

Name of the Facility (as stated on the current license)			License #	
Name of Facility Contact Person		Name of Program Director		
Physical Address of the Facility: Street Address		City	Zip Code	
County	Email Address <i>(Used for official KDHE Notification)</i>	Phone Number ()	Fax Number ()	
Show Facility Physical Address and Telephone Number on the website? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Checking "yes" to this statement authorizes KDHE to publish the facility address and phone number on a compliance report made available to the public through an online compliance information system.</i>				
Mailing Address of the Facility: Street Address		City	Zip Code	
Most Recent Fire Inspection Date: (MM/DD/YYYY) _____				

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SECTION III: LEGAL OWNER/OPERATOR INFORMATION.

Name of the Legal Owner/Operator				
Physical Address of the Owner/Operator: Street Address		City	State	Zip Code
County	Email Address <i>(Used for official KDHE Notification)</i>	Phone Number ()	Fax Number ()	

Mailing Address of the Owner/Operator (if different): Street Address	City	State	Zip Code
Type of Ownership. The Legal Owner/Operator is a (select one):			
<input type="checkbox"/> Individual or Individuals that is/are not incorporated			
<input type="checkbox"/> Corporation, LLC, LLP			
Federal Employer ID No. (FEIN) _____		Business Entity ID No. (BEIN) _____	
<input type="checkbox"/> Government Entity/Agency or School District			
Federal Employer ID No. (FEIN) _____		Business Entity ID No. (BEIN) _____	

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SECTION IV: FACILITY OPERATION INFORMATION. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.

Indicate the months of the year, hours and days of the week you will be providing services to children and youth (check only one option for each schedule you complete):

_____ All Year (Jan through Dec) _____ Summer Only (June through Aug) _____ School Year Only (Sept through May)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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_____ All Year (Jan through Dec) _____ Summer Only (June through Aug) _____ School Year Only (Sept through May)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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SECTION V: AGREEMENTS AND AUTHORIZED SIGNATURE. READ EACH STATEMENT AND SIGN THE APPLICATION.

I/We the undersigned, am [are the person(s)] named as the Applicant or the person(s) authorized to represent the owner listed above.

I/We have read the laws and regulations governing the operation of this licensed facility and it is the intention of this applicant to comply. I/We understand that I/we are responsible for meeting and maintaining compliance with all applicable child care licensing laws and regulations at all times.

In accordance with K.S.A. 44-1009, I/we shall not exclude any child from care for reason of race, religion, color, sex, physical handicap, national origin, or ancestry.

I/We attest, under penalty of perjury, that to the best of my/(our) knowledge, that the information provided in this application is true and correct.

Authorized Signature:	Date (MM/DD/YYYY)
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KDHE LICENSE FEE:

Currently, no payment for a Kansas Child Care license is required by the provider. State Child Care license fees are currently covered by funds allocated by the American Rescue Plan Act of 2021 (ARPA). KDHE will notify providers when this changes.

LOCAL FEE: KDHE contracts with local health departments or private contractors for local child care licensing services. Contact your local surveyor to determine if additional fees are required.

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SECTION VI: MAILING INSTRUCTIONS.

Return the following:

- 1. Completed and signed application (form CCL. 301).**
- 2. Completed form CCL 002 Background and Registry Checks for Child Care Facilities.**

MAIL TO: KDHE, Child Care Licensing Program, 1000 SW Jackson, Suite 200, Topeka, KS 66612-1274.