



**SA**

## Instructions for School-Age Recorded Program Application

For questions or information on recorded programs, please call 503-947-1400 or 1-800-556-6616; or go to the Division website at [www.childcareinoregon.org](http://www.childcareinoregon.org)

### Important Information to Read Before Submitting Application:

#### **You do not need to record your program with the Division if your school-age program:**

- Is operated by a school district as defined in ORS 332.002
- Is licensed with the Child Care Division
- Provides care that is primarily a single enrichment activity, for eight hours or less a week

If any of these apply, your program is not required to be recorded with the Division.

#### **Prior to being issued a program record:**

The program must certify that all staff and volunteers 18 years of age and older will have criminal background checks completed prior to having contact with children

#### **Attach the Program Information Items when Submitting Application (if applicable):**

- A statement describing the purpose of the program
- Description of types of activities provided to children
- Parent Agreement
- Daily schedule

**Fee: Application processing fee (non-refundable): \$20.00**

#### **Application Process:**

##### **Submitting an incomplete application will delay processing**

- Remove the instruction sheet from the application form before sending to the Division
- Complete the application
- Attach program information items
- Submit application fee. Do not send cash. Check or money order are accepted
- Mail application with original signature, program information, and fee to:

**Child Care Division Unit 22  
PO Box 4395  
Portland OR 97208-4395**

#### **NOTE:**

A program record is valid for two years from the date of issuance and authorizes operation only at the address described in the record, and only by the organization or person named in the record.

If the program is recorded and planning to move to a new location, please submit an address change application before the move is implemented. You may call the Division's Central Office in Salem to request an application, or download the form from our website. See contact information at top of form.





SA

Application for a School-Age Recorded Program

Instructions: Please print clearly using only blue or black ink, no pencil. Send to the address on the back of the form. Refer to instructions for an application checklist.

Section 1: Application Type and Fee \$20.00 (fee is non-refundable)

SA Program Record Number:

NOTE: A program record is valid for two years and is non-transferable to any other location, person, or organization.

NEW- no previous program record

RENEW- program record will expire within 120 days

REOPEN- program record is closed or expired

ADDRESS CHANGE- change in location of the recorded program MOVE DATE:

CHANGE IN OWNER- change in organization that operates the recorded program

Section 2: School-Age Recorded Program Information

Facility Name:

Table with 4 columns: Site Address, City, Zip Code, County; Site Mailing Address, City, State, Zip; Site Phone No, Fax, Email

Owner (person, governing body, organization, group, etc that holds the program as property and has a major financial stake in the business)

Owner Name

Table with 4 columns: Mailing Address, City, State, Zip; Phone No, Fax, Email

Primary Contact

Table with 2 columns: Contact Person's Name, Contact Person's Phone No

Section 3: Program Operation

Table with 2 columns: Capacity, Age Range of Children Served (months, years); Hours of Operation, Days of the Week in Operation (Monday-Sunday)

Continued on back (signature and date required)

FOR DIVISION REPRESENTATIVE TO COMPLETE

Table with 4 columns: Recorded Program Start Date, Recorded Program End Date, SA, Close Date, Closure Reason, Reinstatement Date, C&C, Intake Initials, Continue Process, CS Initials

**Section 4: Preferred Language****NOTE: Not all Division materials are available in other languages**
 English   
  Spanish   
  Vietnamese   
  Russian   
  Chinese   
  Other: specify \_\_\_\_\_
**READ BEFORE SIGNING THIS APPLICATION****Section 5: Authorization**

Please read the following statements carefully. Checking the boxes below and signing this form indicates that you understand and agree to meet the following requirements.

- I will assure that all staff and volunteers 18 years of age and older will have criminal background checks done prior to having contact with children.
- I will post the recorded program notice in a place where it can easily be seen.

**Applicant's Signature**

The information I have provided on this application is true and complete to the best of my knowledge.

 \_\_\_\_\_  
 Applicant's Signature

(Person must be authorized by the operator/owner to complete the application)

 \_\_\_\_\_  
 Date
**Please Complete the Following** (if applicable):

The owner or operator has previously applied for a child care license, or has been licensed in Oregon

Name of operator and/or owner: \_\_\_\_\_

Name of previous facility: \_\_\_\_\_

Address of previous facility: \_\_\_\_\_

Year of previous application: \_\_\_\_\_

 Have you provided child care or held a child care license in another state(s)?  No  Yes

If yes, please list the state(s): \_\_\_\_\_

**Mail signed, completed application, program information, and fee to:**
**Child Care Division Unit 22  
 PO Box 4395  
 Portland OR 97208-4395**

WorkSource Oregon Employment Department is an equal opportunity program/employer. The following services are free of cost and available to individuals with disabilities upon request. Auxiliary aids or services, alternate formats and language assistance for individuals with limited English proficiency. To request these services contact your local WorkSource Oregon Center for assistance.