



PS

Instructions for Preschool Recorded Program Application

For questions or information on recorded programs, please call 503-947-1400 or 1-(800)-556-6616, email occ.customerservice@ode.oregon.gov, or visit the Office of Child Care website at www.oregonearlylearning.com

Important Information to Read before Submitting an Application:

You do not need to record your program with the Division if your preschool program:

- Is operated by a school district as defined in ORS 332.002
- Is licensed with the Office of Child Care

If either of these apply, your program is not required to be recorded with the Office of Child Care.

Prior to being issued a program record:

All staff must be enrolled in the Central Background Registry (CBR) prior to having contact with children as required in OAR 414-450-0030. This includes volunteers that may have unsupervised contact with children.

Attach Program Information Items when Submitting Application

(Note: Program Information Items are required for New Applications only):

- A statement describing the purpose of the program
- Description of the types of activities provided for 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 Office of Child Care
- Complete the application
- Attach program information items (new applications only)
- Submit application fee. Do not send cash. Check or money order are accepted.
- Mail application with original signature, and fee to:

**Office of Child Care 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 a new application and fee and check the box for address change before the move. You may call the Office of Child Care's central office in Salem to request an application, or download the application from our website. See contact information at top of Instructions.



PS

Application for a Preschool Recorded Program

Instructions: Please print clearly using only blue or black ink, not pencil. Send to the address on the back of the form. Refer to instructions for an application checklist. For renewal applications, submit changes only.

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

PS 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 recorded program
MOVE DATE:

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

Section 2: Preschool Recorded Program Information

Facility Name:

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

Mailing Address	City	State	Zip
Phone No	Fax	Email	

Primary Contact

Contact Person's Name	Contact Person's Phone No
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Section 3: Program Operation

Capacity	Age Range of Children Served	months	years
Hours of Operation	Days of the Week in Operation: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		

Section 4: Program Staff and Unsupervised Volunteers (use another page if needed)

Full Name	Date of Birth	CBR #	CBR Exp. Date	Position
Full Name	Date of Birth	CBR #	CBR Exp. Date	Position
Full Name	Date of Birth	CBR #	CBR Exp. Date	Position
Full Name	Date of Birth	CBR #	CBR Exp. Date	Position
Full Name	Date of Birth	CBR #	CBR Exp. Date	Position

Section 5: Preferred Language

NOTE: Not all Office of Child Care materials are available in other languages

 English
 Spanish
 Vietnamese
 Russian
 Chinese
 Other: specify _____
READ BEFORE SIGNING THIS APPLICATION**Section 6: 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 be actively enrolled in the Central Background Registry prior to having contact with children.
- I will post the Recorded Program Notice that I will receive with my Record, in a place where it can easily be seen by parents.

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, and fee to:

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

FOR OFFICE OF CHILD CARE REPRESENTATIVE TO COMPLETE

Recorded Program Start Date	Recorded Program End Date	PS	
Close Date	Closure Reason: <input type="checkbox"/> Voluntary <input type="checkbox"/> Agency <input type="checkbox"/> Denied <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended		
Reinstate Date	C&C: <input type="checkbox"/> Y <input type="checkbox"/> N Intake Initials:	<input type="checkbox"/> Continue Process <input type="checkbox"/> Other (See CCRIS)	CS Initials:
	RS#	ERDC #	