

**SA**

Instructions for School-Age Recorded Program Application

For questions or information on recorded programs, please call 1-(800)-556-6616, email CCLD.Customerservice@delc.oregon.gov or visit the Child Care Licensing Division website at www.oregon.gov/delc

Important Information to Read before Submitting Application:

You do not need to record your program with the Child Care Licensing Division if your school-age program:

- Is operated by a school district as defined in ORS 332.002
- Is licensed with the Child Care Licensing 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 Child Care Licensing Division.

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 414-425-0030. This includes volunteers that may have unsupervised contact with children.

Attach Program Information Items when Submitting Application

(Note: Program Information Items are not required for Renewal Applications unless the document has changed since it was last submitted to CCLD):

- A statement describing the purpose of the program
- Description of 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 Child Care Licensing Division
- 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:

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



SA

Application for a School-Age Recorded Program

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

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- or change in organization that operates the recorded program

Section 2: School-Age 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

Section 3: Program Operation

Capacity

Age Range of Children Served

months

years

Hours of Operation

Days of the Week in Operation:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

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

| Full Name | Date of Birth | CBR # | CBR Exp. Date | Position |
|-----------|---------------|-------|---------------|----------|
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Section 5: Preferred Language

NOTE: Not all Child Care Licensing Division 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:

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

FOR CHILD CARE LICENSING DIVISION REPRESENTATIVE TO COMPLETE

| | | | |
|-----------------------------|--|---|--------------|
| Recorded Program Start Date | Recorded Program End Date | SA | |
| 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 # | |