

Family Day Care Home Registration Form

Registered Helper

Date _____

SECTION A

Applicant/Billing Information

Name of Applicant _____ Phone _____

Applicant's Home Address _____ Fax _____

City _____ State _____ Zip _____ Email _____

Applicant's Date of Birth _____ Applicant's Social Security No. ____ - ____ - ____

SECTION B

List all Family Day Care providers and their addresses that you work for.

Name	Address

A registered helper must be at least 14 years of age and have met all of the other requirements for being a provider. This person may be used as an additional caregiver in the day care and left alone with the children if the registered helper is at least 18 years of age.

SECTION C

Please return this form with the following information. This application must be on file at the Sioux Falls Health Department before you may provide care in a Family Day Care Home.

Please check if you have provided the following *additional* information for **yourself** so the final permit can be issued:

- Documentation that you have a current on certification for infant/child CPR and First Aid.
- Documentation that you have not been convicted of a felony in the past five years.
- Documentation that no one who is regularly in the home is on the central registry for abuse and neglect.

SECTION D (This section must be filled out for the application to be processed.)

Have you as a provider or otherwise, ever been arrested or convicted of an offense for which you would need to register as a sex offender in South Dakota or any other jurisdiction or any lesser or similar related charge? Yes No

If yes, explain _____

Have you ever been arrested, convicted, or put on notice for child abuse and/or neglect? Yes No

If yes, explain _____

Have you been arrested and/or convicted of a felony in the past five years? Yes No

If yes, explain _____

Have you been incarcerated in a federal, state, county, or local correctional facility in the last 10 years? Yes No

If yes, explain _____

Have you ever been a licensed or registered day care provider? Yes No

If yes, where and when _____

Have you ever been or are you currently a State of South Dakota Licensed/Registered Day Care Provider?

Yes No

If yes, when _____

Have you ever had a day care license or registration revoked or suspended? Yes No

If yes, explain _____

SECTION E

The Sioux Falls Health Department will issue or renew a registration permit only after ascertainment that facts set forth in the application are true and complete, and satisfactory evidence of the applicant's ability to comply with the provisions of Chapter 92 of the Code of Ordinances of Sioux Falls. If all required information for processing is not included, the application and its contents will be kept on file for 90 days or until all requirements are met and all required documentation provided, whichever is shorter. **By signing I am verifying the accuracy of this information to the best of my knowledge and I agree to allow the City Health Department to perform all appropriate screenings.**

I agree to allow City Health Department representatives access to all parts of the property where I help operate a Family Day Care. I have read, understand and agree to City ordinance, Chapter 92 Family Day Care Homes available at www.siouxfalls.org or by request from the Health Department.

Submit to: **Sioux Falls Health Department
521 North Main Avenue, Suite 101
Sioux Falls, SD 57104-6419
605-367-8760**

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY:

- Current First Aid Certificate
- Current certification for infant/child CPR.
- Documentation that the provider has not been convicted of a felony in the past five years.
- Documentation that the provider is not on the central registry for abuse and neglect.

Approved by: _____ Sex Registered Check: _____ Date: _____

Date	Time	Notes	Initials