Important Information to Read Before Submitting 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:**
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:**

- Remove the instruction sheet from the application form before sending to the Office of Child Care
- Complete the application
- 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 form.
Application for a Preschool Recorded Program

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

- NEW - no previous program record
- RENEW - program record will expire within 120 days
- REOPEN - program record is closed or expired

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

Recorded Program Start Date
Recorded Program End Date
PS Program Record Number:

Section 2: Preschool Recorded Program Information

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>City</th>
<th>Zip Code</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site Mailing Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site Phone No</td>
<td></td>
<td>Fax</td>
<td>Email</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Owner Name</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone No</td>
<td></td>
<td>Fax</td>
<td>Email</td>
</tr>
</tbody>
</table>

Section 3: Program Operation

<table>
<thead>
<tr>
<th>Capacity</th>
<th>Age Range of Children Served</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>months years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hours of Operation</th>
<th>Days of the Week in Operation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Monday</td>
</tr>
</tbody>
</table>

Primary Contact

<table>
<thead>
<tr>
<th>Contact Person’s Name</th>
<th>Contact Person’s Phone No</th>
</tr>
</thead>
</table>

FOR OFFICE OF CHILD CARE REPRESENTATIVE TO COMPLETE

- Days of the Week in Operation:
  - Monday
  - Tuesday
  - Wednesday
  - Thursday
  - Friday
  - Saturday
  - Sunday

- Hours of Operation for Office of Child Care Representative to Complete

- Capacity

- Age Range of Children Served

- PS

- Recorded Program Start Date

- Recorded Program End Date

- Closure Reason:
  - □ Voluntary
  - □ Agency
  - □ Denied
  - □ Revoked
  - □ Suspended

- Intake Initials:
  - □ Continue Process (see CCRIS)
  - □ Other

- CS Initials:

- Reinstate Date:
  - C&C: □ Y □ N

- Intake Initials:
  - □ Continue Process (see CCRIS) □ Other

- CS Initials:

NOTE: A program record is valid for two years and is non-transferable to any other location, person, or organization.
Section 4: Preferred Language  
NOTE: Not all Office of Child Care materials are available in other languages  
☐ English  ☐ Spanish  ☐ Vietnamese  ☐ Russian  ☐ Chinese  ☐ Other: specify ______________

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

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

Oregon Department of Education is an equal opportunity program/employer.