



# CITY OF ALLENTOWN

## APPLICATION FOR ANNUAL OPERATIONAL CERTIFICATE TO OPERATE A CHILD CARE FACILITY

Application is hereby made for a certificate to operate a Child Care Facility of the type indicated in Section A below. By this application, it is agreed that the facility will comply with ordinances and other regulations applicable to the specified type of facility. It is further agreed that said facility shall be open to inspection by the Allentown Bureau of Health.

Please send the completed application (**BOTH SIDES**) along with the total fee to the *Allentown Health Bureau, Environmental Health Services, 410 City Hall, 435 W. Hamilton Street, Allentown, PA 18101-1699*. Make check or money order payable to the *City of Allentown, Bureau of Health*. **DO NOT SEND CASH.** Call (610) 437-7759 if you have any questions. Failure to return this application with your fee by the due date in Section D may result in appropriate legal action.

**NOTE:** The operational certificate is not transferable.

### SECTION A – FACILITY FEES

| Type   | Number of Children | Annual Operational Fee |
|--|--------------------|------------------------|
| Child Care Centers*  | 7-49               | \$100.00               |
| Child Care Centers*  | 50-99              | \$125.00               |
| Child Care Centers*  | 100 or more        | \$150.00               |
| Family Child Care Home   | 4-6                | \$50.00                |
| Group Child Care Home  | 7-11               | \$75.00                |
| Other Child Care Programs  | N/A                | \$50.00                |
| <b>*Includes Night Care, Drop-In Care &amp; Extended Child Care Programs</b> |                    |                        |
| Conditional Fee  |                    | \$50.00                |
| Plan Review Fee  |                    | \$75.00                |
| Late Fee   |                    | \$30.00/month          |
| <b>Total Fee</b>   |                    |                        |

Email Address: \_\_\_\_\_

Where all future correspondence should be mailed? Please check one.

\_\_\_\_\_ Facility address in Section B

\_\_\_\_\_ Owner address in Section C

Emergency Phone # (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_

### SECTION B – CHILD CARE FACILITY

|                               |  |
|-------------------------------|--|
| Facility Name                 |  |
| Address                       |  |
| City, State, Zip Code         |  |
| Director's Name               |  |
| Telephone                     |  |
| DHS License or Registration # |  |
| DHS Expiration Date           |  |
| DHS Approved Capacity         |  |

### SECTION C – LEGAL OWNER/OPERATOR

|                       |  |
|-----------------------|--|
| Name of Owner         |  |
| Contact Person        |  |
| Address               |  |
| City, State, Zip Code |  |
| Telephone             |  |

### FOR ALLENTOWN HEALTH BUREAU USE ONLY

|                           |  |             |  |
|---------------------------|--|-------------|--|
| Amount Received           |  | City ID#    |  |
| Date Received             |  |             |  |
| Operational Certificate # |  | Approved By |  |
| Expiration Date           |  | Date        |  |

### SECTION D

|          |  |
|----------|--|
| Due Date |  |
|----------|--|

SEE REVERSE FOR CONTINUATION OF FORM

(over)

**Please list the names of all caregiving employees, full-time and part-time. Record CPR and 1<sup>st</sup> Aid certifications for each employee where indicated.**

| Caregivers | CPR Cert.# | Expiration Date | 1 <sup>st</sup> Aid Cert.# | Expiration Date |
|------------|------------|-----------------|----------------------------|-----------------|
|------------|------------|-----------------|----------------------------|-----------------|

|     |       |       |       |       |
|-----|-------|-------|-------|-------|
| 1.  | _____ | _____ | _____ | _____ |
| 2.  | _____ | _____ | _____ | _____ |
| 3.  | _____ | _____ | _____ | _____ |
| 4.  | _____ | _____ | _____ | _____ |
| 5.  | _____ | _____ | _____ | _____ |
| 6.  | _____ | _____ | _____ | _____ |
| 7.  | _____ | _____ | _____ | _____ |
| 8.  | _____ | _____ | _____ | _____ |
| 9.  | _____ | _____ | _____ | _____ |
| 10. | _____ | _____ | _____ | _____ |