



**PS**

## Instructions for Preschool Recorded Program Application

For questions or information on recorded programs, please call 503-947-1400 or 1-800-556-6616; or go to the Division website at [www.childcareinoregon.org](http://www.childcareinoregon.org)

### 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 Child Care Division

If any of these apply, your program is not required to be recorded with the Division.

**Fee: Application processing fee (non-refundable): \$20.00**

#### **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

#### **Application Process:**

**Submitting an incomplete application will delay processing**

- Remove the instruction sheet from the application form before sending to the Division
- Complete the application
- Submit application fee. Do not send cash. Check or money order are accepted
- Mail application with original signature, and fee to:  
**Child Care 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 an address change application before the move is implemented. You may call the Division's Central Office in Salem to request an application, or download the form from our website. See contact information at top of form.





PS

# Application for a Preschool Recorded Program

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

## 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

## 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

**Continued on back (signature and date required)**

**FOR DIVISION 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 (See CCRIS) <input type="checkbox"/> Other CS Initials:

**Section 4: Preferred Language****NOTE: Not all Division materials are available in other languages**
 English   
 Spanish   
 Vietnamese   
 Russian   
 Chinese   
 Other: specify \_\_\_\_\_
**READ BEFORE SIGNING THIS APPLICATION****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 in a place where it can easily be seen.

**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 Division Unit 22  
PO Box 4395  
Portland OR 97208-4395**

WorkSource Oregon Employment Department is an equal opportunity program/employer. The following services are free of cost and available to individuals with disabilities upon request. Auxiliary aids or services, alternate formats and language assistance for individuals with limited English proficiency. To request these services contact your local WorkSource Oregon Center for assistance.