



STATE OF CONNECTICUT



The license for your child care center, group child care home or family child care home is due to expire shortly. The licensing fee for your child care center or group child care home is due sixty (60) days prior to the expiration of your license along with this Fee Invoice Form in order to renew the license. The licensing fee for your family child care home is due prior to the expiration date of your license along with this Fee Invoice Form. **THE FEE IS NON-REFUNDABLE** and the license to operate a child care center, group child care home or family child care home is valid for four (4) years.

Please complete items 1 through 12 of this form. Make your payment by check or money order payable to: **TREASURER-STATE OF CONNECTICUT**. Mail this form along with your payment to the *Connecticut Office of Early Childhood at the address on the bottom of this form.*

1. Name of Applicant: _____
(Legal Operator)

2. Program Name: _____
(Applicable For Group/Center Only)

3. Program Location Address:

Street Address _____, _____ *City/Town* _____ *Zip Code*

4. Program Phone Number: (____) _____ - _____ Program Fax Number: (____) _____ - _____

5. License #: _____ Expiration Date: _____

6. Mailing Address (if different):
_____, CT _____
Street Address _____ *City/Town* _____ *Zip Code*

7. Program E-mail Address: _____

8. Social Security #: _____ - _____ - _____ Federal Employer ID _____ - _____
(3 digits) (2 digits) (4 digits) (2 digits) (7 digits)

9. **Proof of Worker's Compensation Insurance:** Do you hire employees in your program that require Worker's Compensation? Yes No **If yes, please complete the following:**

Name of Insurer _____ Insurance Policy # _____
Effective Dates of Worker's Compensation Coverage ____/____/____ to ____/____/____

IMPORTANT – Please complete the other side of this form

10. I have read the Connecticut General Statutes and Regulations of Connecticut State Agencies (Public Health Code) that govern the license I am renewing; for child care centers/group child care homes, Sections 19a-79-1a through 19a-79-13 and for Family Child Care Homes, Sections 19a-87b-1 through 19a-87b-18. As a licensed child care provider, I will maintain a copy of these statutes and regulations at the facility.

I will ensure that this program will be operated in compliance with the aforementioned Statutes and Regulations and with any Consent Order executed with the Connecticut Office of Early Childhood or any successor agency.

I understand that failure to grant the agency immediate access to the licensed child care program, its staff or its records, upon request of the agency shall be grounds for suspension, revocation or other discipline against the license.

As a licensed family child care provider, I certify that all children enrolled in the family child care home have received age-appropriate immunizations in accordance with Section 19a-87b-10(k) of the regulations for the licensure of family child care homes.

I understand that the license is time limited, is subject to review, and that renewal is necessary for continued operation of the child care center/group child care home or family child care home.

Any false statements made herein are punishable in accordance with Section 53a-157 of the Connecticut General Statutes and may also be grounds for the denial of the license.

All of the above statements contained herein are true and correct to the best of my knowledge and belief.

Signature of Operator or Legal Representative

Printed Name of Operator or Legal Representative Date

11. Payment is for the following type of license: *(check one box below)*

Child Care Center (Account #42431)	Group Child Care Home (Account #42431)	Family Child Care Home (Account #42431)
<input type="checkbox"/> 4-year license (new/renewal) \$500.00	<input type="checkbox"/> 4-year license (new/renewal) \$250.00	<input type="checkbox"/> 4-year license (new/renewal) \$40.00

12. Enclosed Check/Money Order: \$ _____ Check #: _____ Check Date: ____/____/____