



## Request for a Registration Permit

Use this form to apply for a registration permit.

**Directions:** After completing this form, mail it and any other materials requested to your nearest [Child Care Regulation \(CCR\) office](#).

### Part I – Applicant Information

Name (First, Middle, Last):		Social Security No.:		Date of Birth:		
Other Names You Have Used or Have Been Known By (maiden, married, etc.):						
<b>Please provide the following information. Indicate if you do not possess a form of identification, as applicable.</b>						
Texas Driver License or State ID No.:			Out-of-State Driver License No.:			
Area Code and Home Phone No.:			Area Code and Cell Phone No.:			
Contact Email Address:						
Street Address:		Apt. No.:	City:	County:	State:	ZIP Code:
Mailing Address ( <i>Street or P.O. Box and ZIP Code, if different</i> ):						
<input type="checkbox"/> Check here if you are a military member, military spouse, military veteran or veteran spouse.						
<input type="checkbox"/> Check here if you are currently a foster parent.						

### Part II – Education and Training

Did you graduate high school or receive a GED? ○ Yes   ○ No  
 (Attach a photocopy of your high school diploma, college diploma, or GED certificate.)

If you are under 21 years of age, describe any training, education, accreditation and/or course study you have had which qualifies you according to 26 Texas Administrative Code (TAC) §747.1013. Give dates, locations and names of the organization or agency sponsoring the training. (Attach photocopies of supporting documentation.)

**Part III – Home Information**

The following people (spouse, children, friends, etc.) live in my home or are otherwise regularly or frequently present while children are in my care (see 26 Texas Administrative Code 745.601 for a definition of who is regularly or frequently present at an operation – while children are in my care.):

Name	Age	Date of Birth	Relationship

1. Will any people assist you in caring for children?  Yes  No

If yes, provide the following information on the people who will assist you.

Name (first, middle, last)	Date of Birth

2. Have you or has any person living in your home, anyone who will help care for children or anyone who will have contact with the children in your care (other than a child's family) ever had one of the following?

A child removed because of abuse, neglect or exploitation?  Yes  No

A determination that a child was abused, neglected or exploited?  Yes  No

A contact or visit regarding child abuse, neglect or exploitation by:  Yes  No

- the Department of Family of Protective Services (DFPS);
- a child welfare agency in Texas or another state;
- a law enforcement agency (policy, sheriff, etc.) in Texas; or
- another state or any other agency not listed?

If yes to any of the questions above, what was the child's name? \_\_\_\_\_

How was the child related to you? \_\_\_\_\_

When did this occur? \_\_\_\_\_

Where did this occur? \_\_\_\_\_

3. Do you or does any person living in your home, anyone who helps care for children or anyone who will have contact with the children in your care (other than a child's family) have any of the following?

A felony conviction?  Yes  No

If yes, give the name of the person, type of conviction, location of the offense and details of the offense:

A felony or misdemeanor charge pending?  Yes  No

If yes, give the name of the person, type of charge, location of the offense, county where the charge is pending, court number and details of the offense:



### Part V – Permit History

1. Do you (the applicant) have either a permit to provide any other type of child care or child-placing services, or a pending application to provide such services?  Yes  No

If yes, specify the name of the operation and type of permit: \_\_\_\_\_

2. Have you (the applicant) ever been **denied** a permit to provide child care or child-placing services?  Yes  No

If yes, provide the date of denial:

Type of permit denied:

What was the reason for the denial?

Operation's physical address (Street, City, State and ZIP Code):

3. Have you (the applicant) ever had a permit for child care or child-placing services **revoked**?  Yes  No

If yes, provide the date of revocation:

Type of operation revoked:

What was the reason for the revocation?

Operation's physical address (Street, City, State and ZIP Code):

If the revocation occurred in another state, list the name and address of the regulatory body that issued the revocation.

4. Have you (the applicant) ever had a permit from HHSC that HHSC **refused to renew**?  Yes  No

If yes, provide the date of the refusal to renew:

Type of permit HHSC refused to renew:

What was the reason for the refusal to renew?

Operation's physical address (Street, City, State and ZIP Code):

5. Have you (the applicant) ever been prohibited or barred from operating any other type of child care operation?  Yes  No

If yes, provide the date of the prohibition or bar:

Type of operation barred:

What was the reason for the prohibition or bar?

Operation's physical address (Street, City, State and ZIP Code):

If the bar occurred in another state, list the name and address of the regulatory body that issued the bar:

6. Have you (the applicant) ever been a controlling person at an operation?  Yes  No

If yes, provide the dates:

Was adverse action taken against the operation for which you were a controlling person? (Examples of adverse action are denial or revocation)  Yes  No

If yes, provide the date of the adverse action:

Operation's physical address (Street, City, State and ZIP Code):

**Part VI – Additional Information for Publication on the Child Care Regulation (CCR) Website**

Web Address:

Email Address:

**Part VII – Certification and Signature**

I request to register with CCR to provide child care.

I agree to comply with 26 Texas Administrative Code Chapter 747 (Minimum Standards for Child Care Homes), 26 Texas Administrative Code Chapter 745 (Licensing) and all provisions of Chapter 42 of the Texas Human Resources Code (the child care regulation law) that apply to registered child care homes.

I certify that the information provided here contains no willful misrepresentation or falsification and that it is true and complete to the best of my knowledge and belief. I understand that any willful misrepresentation is cause for immediate denial of the application or later denial or revocation of the license. The documentation to complete this application is attached (see the checklist provided below). I understand that this application will be returned if the attached documentation is incomplete or does not conform to applicable laws. If a license is granted, there will be no racial discrimination in the admission or care of children.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date Signed**

- Proof of training in topics outlined by 26 TAC §747.1007(7)
- Notarized Form 2985, Affidavit for Applicants for Employment with a Licensed Operation or Registered Child Care Home, for any of your employees
- Proof of current certification in infant/child/adult CPR
- Proof of current certification in First Aid, which includes rescue breathing and choking
- Proof of the completion of pre-application within one year before the application date
- Form 2760, Controlling Person - Child Care Licensing, or the online submission of information regarding controlling persons through the CCL website
- Online submission of background checks for all applicable persons
- Proof of high school diploma or high school equivalent
- Form 2962, Verification of Liability Insurance, or a document that covers the same information that is in Form 2962 (use of Form 2962 is optional)

**Privacy Statement**

HHSC values your privacy. For more information, read the privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>