



Department of Early Education and Care

THE COMMONWEALTH OF MASSACHUSETTS

SMALL GROUP AND SCHOOL AGE CHILD CARE LICENSE APPLICATION (1-10 Capacity)

New Renewal Change in Licensee Move Re-open

LARGE GROUP AND SCHOOL AGE CHILD CARE LICENSE APPLICATION (11 plus Capacity)

New Renewal Change in Licensee Move Re-open

Program Number (not for new applicant): _____

Name of Program: _____

Address: _____

City/Town: _____

Zip Code: _____

Telephone: _____

Fax: _____

e-mail: _____

Mailing Address (if different): _____

Zip Code: _____

Licensee (name of owner or corporation): _____

Licensee Contact Person: _____

Telephone: _____

Address: _____

City/Town: _____

Zip Code: _____

Type of Ownership:

Doing Business As (DBA) Non-Profit Corp. For Profit Corp. Partnership Individual LLC

Administrator Name: _____

Total License Capacity Requested: (*Small Group Only*) Capacity for: 6 or fewer 7-8 9-10

Total License Capacity Requested: (*Large Group Only*) _____

Infant (birth -15 mos.) _____ Infant/Toddler (birth – 2 yrs. 9 mos.) _____

Toddler (15 mos. – 33 mos.) _____ Toddler/Preschool (15 mos. - K) _____

Preschool (2 yrs. 9 mos. - K) _____ Preschool/SA (2 yrs. 9 mos. - 8 yrs.) _____

Kindergarten _____ School Age (5 yrs. – 14 yrs.) _____

Multi-Age Group (birth – 14 yrs.) _____

Operation: Full Year: _____ School Year: from _____ to _____ Summer: from _____ to _____

Full day: from _____ to _____

Half day: Morning: from _____ to _____

(circle) M T W Th F

Afternoon: from _____ to _____

(circle) M T W Th F

Other services provided: Drop-In Evening Summer Camp Extended days (circle) M T W Th F

Does Licensee hold any other EEC licenses? yes no If yes, type of license: _____

Does Licensee hold a Dept. of Public Health Summer Camp Permit? yes no

Is your program in compliance with Americans with Disabilities Act (ADA) requirements?

Indoor: Yes: ___ No: ___ Not Sure: ___

Outdoor/Playground: Yes: ___ No: ___ Not Sure: ___

I declare the above information is true to the best of my knowledge.

Administrator Signature: _____ **Date:** _____

Licensee Signature: _____ **Date:** _____

FOR DEPARTMENT USE ONLY

Licensee's Code: _____

Date Check rec'd: _____

Check#: _____

Amt. of Check: _____

SG/LG/SALicensingApplication20120522