



211318 19999

# Unlicensed Child Care Organization Registration Application

Organization Name

FEIN Colorado Account Number, if applicable

**Indicate Type of Organization**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Individual                          | <input type="checkbox"/> Limited Liability Limited Partnership (LLLLP) | <input type="checkbox"/> Estate        | <input type="checkbox"/> Non-Profit 501(C)(3)<br>(Please enclose a copy of the IRS letter of exemption) |
| <input type="checkbox"/> General Partnership                 | <input type="checkbox"/> Corporation                                   | <input type="checkbox"/> Government    |   |
| <input type="checkbox"/> Limited Partnership                 | <input type="checkbox"/> S Corporation                                 | <input type="checkbox"/> Joint Venture |   |
| <input type="checkbox"/> Limited Liability Company (LLC)     | <input type="checkbox"/> Association                                   | <input type="checkbox"/> Trust         |   |
| <input type="checkbox"/> Limited Liability Partnership (LLP) | <input type="checkbox"/> Other, please explain below                   |  |   |

Trade Name/Doing Business As, if applicable

Address of Principal Place of Business in Colorado City State ZIP

County Phone Number

In Care of (C/O) - Last Name First Name Middle Name

Mailing Address (if different from above) City State ZIP

**Check One**

- |  |   |
|--|---|
| <input type="checkbox"/> Register an unlicensed child care program that serves at least 5 children age 12 and younger who are not related to the owner, operator, or manager | <input type="checkbox"/> Register a training program for child care providers   |
| <input type="checkbox"/> Register a grant or loan program for parents in Colorado requiring financial assistance for child care  | <input type="checkbox"/> Register an information dissemination program in Colorado to provide information and referral services to assist parents in obtaining child care |

**Check All That Apply**

- |   |   |
|---|---|
| Programs serves:  | Does your facility and/or programs operate: |
| <input type="checkbox"/> Children 12 years of age and younger | <input type="checkbox"/> Before school      |
| <input type="checkbox"/> Children 13 to 18 years of age       | <input type="checkbox"/> During school      |
| <input type="checkbox"/> Adults 18 years of age and older     | <input type="checkbox"/> After school       |



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Provide a description of your organization, including its stated purpose or mission

Provide a description of each of the programs offered by your organization

Explain why donations to this organization qualify for the child care contribution credit ([see instructions](#))

Do all of your programs qualify for the credit? If yes, skip the next three questions and continue with the next question thereafter. If no, answer the next three questions.  Yes  No

If no, specify which programs do qualify

Will your organization maintain a segregated account for funds dedicated exclusively to qualifying programs [Rule 39-22-121\(10\)\(c\)](#)?  Yes  No

If no, and your organization must therefore issue credit certificates reflecting prorated credits, list the percentage of your programs that qualify and state how that percentage was determined (Rule 39-22-121(10)(b)). Attach with this application an explanation of how the percentage was determined.

Percentage of programs that qualify:  %

Why is a Department of Human Services license not required (12 CCR 2509-8, 7.701.11)?

**Attach copies of brochures, newspaper articles, community publications and other documentation to support the information above.**

I attest that the qualified program(s) provide for the care of five or more children who are not related to the owner, operator, or manager.

I attest that my organization is not a licensed child care facility and does not engage in programs that provide services identical or similar to day treatment centers, guest child care facilities, family child care homes, foster care homes, homeless youth shelters, medical foster care, residential care facilities, secure residential treatment centers, specialized group facilities, or therapeutic foster care.

**I declare under the penalty of perjury in the second degree that the statements made in this application are true and complete to the best of my knowledge**

Name of Organization Officer

Title

Signature of Organization Officer

Date