

CHECKLIST OF FORMS TO BE SUBMITTED

In order to be considered for the Family Child Care Registration Training the application must be completed entirely and sent to our office. The following is a checklist. As each form listed below is completed, please put a ✓ mark next to each item. **Please make an appointment with your physician as soon as possible. The Physician Statement form must be signed and stamped. The physician or office address stamp must be included with the signature when the form is completed.**

Sandra Lee Chow
Community Coordinated Child Care
225 Long Avenue
Hillside, NJ 07205

Check

<input type="checkbox"/> Provider Application Form (Did you include the name and address of your substitute?) You must have a substitute in case of an emergency. It is a requirement!
<input type="checkbox"/> Criminal Disclosure Form (Substitute, Assistant if any, Alternate if any and household members who are 14 years of age and older must sign the form)
<input type="checkbox"/> Physician's Statement (If you are going to have an Assistant or an n Alternate they need to have a physical form completed also. A Mantoux test is required. A chest x-ray is required if you have had a previous positive test or cannot get a Mantoux test.) Physician Statement for your <input type="checkbox"/> Alternate
<input type="checkbox"/> Child Abuse Record Information Consent Form (Substitute, Assistant if any, Alternate if any and household members who are 14 years of age and older must also sign this form.
<input type="checkbox"/> \$25.00 Registration Fee (Check or money order payable to Community Coordinated Child Care)
<input type="checkbox"/> References (Name, Address and Telephone Number of at least two people who have agreed to provider references).
I have completed and submitted all the required forms listed above. I understand that in order to be considered for the next training, all of the required forms must be completed and submitted.
Name _____ Date _____