

FAIRFAX COUNTY, VIRGINIA  
FAMILY SERVICES OFFICE FOR CHILDREN  
DIVISION OF COMMUNITY EDUCATION AND PROVIDER SERVICES  
12011 Government Center Parkway, Fairfax, VA 22035-1102  
(703) 324-8000

**HOME CHILD CARE FACILITY APPLICATION**

(Please print or type)

**A non-refundable payment of \$14.00 must accompany this application. Make checks payable to OFC.**

Provider Name \_\_\_\_\_

Last First MI

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Home/Work

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Child Care Facility Address (if different): Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

What are your proposed hours and days of operation? Hours: \_\_\_\_\_ Days: \_\_\_\_\_

Are you an adult (age 18 or older)? Yes \_\_\_\_\_ No \_\_\_\_\_

List names of all adults (age 18 or older) living at home:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List names and birthdates of all children under the age of 18 living at home.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The maximum number of non-resident children you may care for at any one time is 5.

I am submitting this application for a permit to operate a home child care facility at the address listed above. By making this application, I give permission for the County to inspect that property in order to determine compliance with Chapter 30 of the Fairfax County code. Also by making this application, I agree to comply with the provisions of the County code that relate to home child care facilities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

