



# County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

## APPLICATION TO OPERATE A RELIGIOUSLY EXEMPT CHILD CARE FACILITY

CHECK ONE:                    NEW FACILITY \_\_\_\_\_                    CHANGE OF OWNER \_\_\_\_\_

Name of Facility \_\_\_\_\_

Facility Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Owner of Facility \_\_\_\_\_ Phone \_\_\_\_\_

Owner's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Director of Facility \_\_\_\_\_ Phone \_\_\_\_\_

### ENROLLMENT

No. of children who attend 4 hours or less daily \_\_\_\_\_ # in AM \_\_\_\_\_ # in PM \_\_\_\_\_

No. of children who attend more than 4 hours daily \_\_\_\_\_ Age range of children: From \_\_\_\_\_ to \_\_\_\_\_

Total no. of children enrolled in facility \_\_\_\_\_ Maximum no. of children at any one time \_\_\_\_\_

**Department of Planning and Zoning**  
***For new facilities only-**    Maximum enrollment allowed by Board of Zoning Appeals \_\_\_\_\_*  
***Please provide a copy of your Special Permit/Special Exception Letter.***

Days of operation:  Mon  Tue  Wed  Thu  Fri    Hours of operation: \_\_\_\_ AM to \_\_\_\_ PM

Months of Operation:  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

Usable Floor Space (Sq. Ft.) \_\_\_\_\_ (Exclusive of bathrooms, locker, hallway, kitchen, and isolation)

SEWAGE DISPOSAL:  Public  Private

WATER SUPPLY:  Public  Private

Outdoor play area \_\_\_\_\_ Sq. Ft.

Outside play area fenced  Yes  No

Food Service: Lunches served:  Yes  No  
*(If catered, submit copy of food service contract)*

Prepared on premises:  Yes  No

Applicant signature \_\_\_\_\_ Date: \_\_\_\_\_

Print name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

### **OFFICE USE ONLY**

I have checked and verified ownership listed above: Yes \_\_\_\_\_ No \_\_\_\_\_

### MAXIMUM ENROLLMENT FACTORS (for new facilities)

TOTAL SETS OF CHILD SIZE TOILET FIXTURES \_\_\_\_\_ X 20= \_\_\_\_\_ (CHILDREN)

Final Inspection Date: \_\_\_\_\_ EHS: \_\_\_\_\_

Permit to read: \_\_\_\_\_

EHS SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

