

INDIANA DEPARTMENT OF HOMELAND SECURITY DIVISION OF FIRE AND BUILDING SAFETY

302 West Washington Street, Room E241 Indianapolis, IN 46204 Telephone: (317) 232-2222

INSTRUCTIONS: 1. Complete this form.

- 2. Prepare a letter listing all of the rooms and areas of the building which are used by the child care ministry.
- 3. Please mail the form, the \$50.00 application fee (IC 12-17.2-6-13), and the letter to the above address.
- 4. Please make check payable to the Indiana Department of Homeland Security.

NOTE: This application must be signed by the president, chairman of the board, or other governing body for the religious organization operating this registered unlicensed child care ministry. Failure to file a legible, properly completed application may result in the application being rejected.

| REGISTERED UNLICENSED CHILD CARE MINISTRY INFORMATION | | | | | | | |
|---|---|------------------|--|-------------------------------|----------------------------|---|--|
| Name of registered unlicensed child care ministry | | | | | | | |
| | | | | | | | |
| Address (number and street, city, state, and ZIP code) | | | | | | | |
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| County | | Telephone number | | | Alternate telephone number | | |
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| Name of director | | | | | | | |
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| E-mail address of director / facility | | | | | | | |
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| APPLICANT INFORMATION | | | | | | | |
| Name of applicant (religious organization responsible for operating the child care ministry) | | | | | | | |
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| Address (number and street, city, state, and ZIP code) | | | | | | | |
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| County | | | | Telephone number of applicant | | | |
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| I hereby certify that all information given herein is true and complete to the best of my knowledge, and that any false statement will be cause for voiding this application. | | | | | | | |
| Signature | | | | Date (month, day, year) | | | |
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| Printed name | | | | | | | |
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| FOR OFFICE USE ONLY | | | | | | | |
| Registered Ministry (RM) number Fee identification Date received (month, day, year) Receipt number | | | | | | | |
| INITIAL | , | | | | , , , , , | , | |
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