



CITY OF GRAND PRAIRIE  
PUBLIC HEALTH AND ENVIRONMENTAL QUALITY DEPARTMENT  
REGISTERED/LICENSE FAMILY HOME APPLICATION

NAME OF APPLICANT \_\_\_\_\_

APPLICANT'S ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

APPLICANT'S TELEPHONE # \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

EDUCATION: \_\_\_\_\_ HIGH SCHOOL DIPLOMA \_\_\_\_\_ G. E. D.

DO YOU HAVE A SWIMMING POOL?

IS THIS ADDRESS: \_\_\_\_\_ Residential Home \_\_\_\_\_ Apartment Complex \_\_\_\_\_ Mobile Home Community

NOTE: Written permission from apartment complex or mobile home communities must be submitted with application. **ONLY GROUND FLOOR APARTMENTS WILL BE PERMITTED.**

GENERAL STATEMENT AS TO PAST EXPERIENCE REGARDING CHILD CARE SUPERVISION:

\_\_\_\_\_

SUB'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

CIRCLE ONE: REGISTERED FAMILY HOME OR LICENSED FAMILY HOME

**PERMIT FEE:** \$50.00 PER YEAR, WHICH WILL BE DUE BEFORE INITIAL INSPECTION IS MADE AND PRIOR TO ISSUANCE OF PERMIT. RENEWAL WILL BE BILLED TO YOU APPROXIMATELY ONE MONTH BEFORE YOUR PERMIT EXPIRES. PERMIT FEES ARE NON-REFUNDABLE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

COMPLETE APPLICATION AND MAIL TO: CITY OF GRAND PRAIRIE  
PUBLIC HEALTH DIVISION  
P.O. BOX 534045  
GRAND PRAIRIE, TX 75053-4045

**CITY OF GRAND PRAIRIE  
PUBLIC HEALTH AND ENVIRONMENTAL QUALITY DEPARTMENT  
972-237-8055**

**REGISTERED FAMILY HOME GUIDELINES**

The following is a list of some of the items needed for listed or registered family homes in Grand Prairie. Use this as a guide to prepare for child care in your home:

- 1) Permit requirements for all registered family homes in Grand Prairie are:
  - A. All registered family homes caring for any number of unrelated children must have a City of Grand Prairie permit.
  - B. All registered family homes caring for more than 3 unrelated children must also register with the Texas Health and Human Services Child Care Regulation Division, 214-583-4253 or 817-321-8604.
  - C. All homes caring for 3 or less unrelated children must be listed with Texas Health and Human Services Child Care Regulation Division, 214-583-4253 or 817-321-8604.
  - D. Written permission from apartment complex or mobile home communities must be submitted with application. Only ground floor apartments will be permitted.
- 2) Registered Family Home providers must have high school diploma or G. E. D.
- 3) Caregiver and substitute caregivers must have current CPR and First Aid certifications on file.
- 4) TB tests for caregivers as well as substitute caregivers must have negative results on file.
- 5) Texas Health and Human Services Child Care Regulation Division criminal history check for caregivers and substitute caregivers on file.
- 6) Annual fire inspection required. 972-237-8300.
- 7) Gas test every two years by a Texas licensed and City registered plumber. Caregiver must have results on file.
- 8) No open flame space heater
- 9) 5# ABC fire extinguisher, smoke alarms and carbon monoxide detectors as required by Fire Marshall, and a fire/severe weather exit plan.
- 10) Toxic items, including medicines must be in locked storage or kept out of reach. All medicines need to be labeled with child's name and date.
- 11) First aid kit and guide must be available.

- 12) Emergency phone numbers posted by the phone (i.e. Police, Fire, and Ambulance). North Texas Poison Center at 1-800-764-7661; Child Abuse Hotline 1-800-252-5400; local RFH licensing; caregiver's address & phone number.
- 13) Fenced-in yard at least 4 ft. high. Mobile home or apartment communities must have a fenced play area on site. Those that do not meet the fencing requirement will be limited to infant care only.
- 14) Pools must be fenced, have self-closing devices and locked when pool is not in use.
- 15) Proof of current rabies shots for all pets, as required by law, and administered by a licensed veterinarian.

### **ENROLLMENT**

- 1) Each child in care must have a completed enrollment form on file. This includes caregivers own children.
- 2) The attached enrollment form contains all of the information required by State and City regulatory authorities. If you wish to utilize your own form, please include the following items:
  - A. Photos of all authorized persons who come to pick up children including parents, grandparents, aunts, uncles, siblings, friends, etc. These persons must be 18 years and older.
  - B. A four (4) digit security code on file for each family.
  - C. Current immunization records for each child, including caregiver's children, if they are pre-school. If children are school age, simply state what school has their immunization record. If immunization has been deferred for medical reasons, a physician's statement must be on file. This may be a photocopy, an original record signed by the physician or a transcribed copy of the original initialed by caregiver.
  - E. Include hours of care for each child.
  - F. Emergency medical authorization for each child. **Forms must be notarized.**
  - G. Permission for water activities and transportation, to come and go for extra curricular activities (dance, cub scouts, etc.), if applicable.
  - H. Home and work address and phone numbers of parents.

# ENROLLMENT

<b>A</b>	CHILD'S NAME _____ BIRTH DATE _____ 4-DIGIT SECURITY # _____ <small>(mo.) (day) (yr.)</small> HOME ADDRESS _____ CITY _____ ZIP _____ PHONE _____
<b>B</b>	IF SCHOOL AGE: NAME OF SCHOOL _____ PHONE _____
<b>C</b>	DATE OF ADMISSION _____ <small>(month) (day) (year)</small>
<b>D</b>	MOTHER'S NAME _____ PHONE _____ HOME ADDRESS _____ EMPLOYER'S NAME _____ PHONE _____ EMPLOYER'S ADDRESS _____ FATHER'S NAME _____ PHONE _____ HOME ADDRESS _____ EMPLOYER'S NAME _____ EMPLOYER'S ADDRESS _____ PHONE _____
<b>E</b>	NAME OF PEOPLE TO WHOM CHILD MAYBE RELEASED ( <b>ATTACH REQUIRED PHOTO</b> ) 1. _____ 2. _____ 3. _____ 4. _____
<b>F</b>	HOURS THE CHILD WILL BE IN CARE _____ A.M. TO _____ P.M.

<b>G</b>	PHYSICIAN'S NAME  ADDRESS  PHONE
<b>H</b>	PROVIDE COPY OF IMMUNIZATION RECORD.

<b>I</b>	A STATEMENT OF THE CHILD'S SPECIAL PROBLEMS OR NEEDS. THIS INCLUDES ALLERGY, EXISTING ILLNESS, PREVIOUS SERIOUS ILLNESS AND INJURIES, HOSPITALIZATIONS DURING THE PAST 12 MONTHS, AND ANY MEDICATION PRESCRIBED FOR LONG-TERM CONTINUOUS USE:
<b>J</b>	TRANSPORTATION TO AND FROM HOME OR OTHER SCHOOL SUPERVISED BY THE FACILITY'S STAFF/CAREGIVER: I HEREBY ___ <b>GIVE</b> ___ <b>DO NOT GIVE</b> MY CONSENT FOR THE CHILD CARE FACILITY TO PROVIDE TRANSPORTATION TO AND FROM  (HOME ADDRESS OR NAME AND LOCATION OF OTHER SCHOOL)  .....  PERMISSION FOR PLANNED ACTIVITIES AWAY FROM THE CHILD CARE FACILITY AND TRANSPORTATION FOR THIS PURPOSED: I HEREBY ___ <b>GIVE</b> ___ <b>DO NOT GIVE</b> MY CONSENT FOR MY CHILD TO PARTICIPATE IN FIELD TRIPS OR OTHER PLANNED TRIPS AWAY FROM THE FACILITY CONDUCTED AND SUPERVISED BY FACILITY STAFF/ CAREGIVER AND I GIVE PERMISSION FOR MY CHILD TO BE TRANSPORTED BY THE FACILITY FOR THIS PURPOSE.
<b>K</b>	PERMISSION FOR WATER ACTIVITIES: I HEREBY ___ <b>GIVE</b> ___ <b>DO NOT GIVE</b> MY CONSENT FOR MY CHILD TO PARTICIPATE IN ANY WATER ACTIVITIES PROVIDED BY THE FACILITY.

**L**

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the caregiver/facility director/staff member to take my child to:

**NAME OF LICENSED PHYSICIAN**

**OR TO** (name of hospital or clinic)

**ADDRESS**

**TELEPHONE**

I give consent for any and all necessary treatment when my child is in the care of this physician and/or hospital/clinic.

Signature - Parent or Legal Guardian

Date

Subscribed and sworn to this the \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_.

Notary for The State of Texas

County of \_\_\_\_\_ My commission expires: \_\_\_\_\_