



City of Coeur d'Alene
 Municipal Services Department
 710 Mullan Avenue
 Coeur d'Alene, Idaho 83814
 (208) 769-2229
 kathylew@cdaid.org

(Office Use Only)
 Amount Paid _____
 Receipt # _____
 Date _____
 Date Temporary Issued _____
 License # _____
 Date Perm Lic Issued _____ by _____

Childcare Individual License Application

\$10 Fee –Expires Annually on December 31st

All care providers or persons who reside on premises or may regularly be on premises of facility, including volunteers, 12 years of age and older must obtain an individual license.

FACILITY INFORMATION

Name of Facility: _____ Facility Phone Number: _____
 Facility Address: _____

Position with Childcare Facility

- Owner/Operator Teacher/Care Provider Volunteer/Emergency/Practicum Student
 Non Provider-Resident On-site Non Provider (specify position): _____

APPLICANT INFORMATION

Name: _____ Email: _____
 Home Address: _____ City/State/Zip: _____
 Mailing Address: _____ City/State/Zip: _____
 Home Phone: _____ Cell Phone: _____
 Social Security Number: _____ Date of Birth: _____

Please attach the following:

- Provide a copy of **Infant/Child CPR** training valid for current year – required for all persons left alone with children. Copies are required at each annual renewal (documentation not required for athletic care providers but a trained staff member must be present.)
- For **first** license or **athletic provider license** – documentation of tuberculosis test (not required for renewals).
- For **Renewals** only (not required for athletic facilities): documentation evidencing **8 hours of continuing education** (for online classes – no more than 4 hours maximum will qualify).

For links, go to www.cdaid.org, highlight Committees/Childcare link/scroll to bottom of page for current workshops/online training that may be offered: **NOTE:** Eight hours of continuing education is not required for supervised volunteers or on-site providers.

I certify that I am a citizen of the United States over 18 years of age; of good reputation; that the information listed on this application is complete and true to the best of my knowledge and that I shall continue to be in compliance with Code Section 5.68, which relates to Idaho Statutes Title 39 throughout the term of this license.

 Applicant Signature

 Date

 City Clerk

 Date

Office Use Only Below

- | | |
|---|--|
| <input type="checkbox"/> CPR/Infant Child CPR card expires on _____ | <input type="checkbox"/> Infant/Child First Aid expires on _____ |
| <input type="checkbox"/> Tuberculosis Test Documentation | <input type="checkbox"/> Cleared Criminal History Background Check |
| <input type="checkbox"/> Certificates: 8 hours approved continuing education – maximum 4 hours online classes | |