



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

(Office Use Only)

Amount Paid _____

Date _____

Childcare Individual License Application

Fee - \$10.50 – Expires Annually on December 31st

New Applicants Only: Background Check Fee -\$41.50 Fingerprint Fee- \$10.00

All care providers or persons who reside on-premises or may regularly be on the premises of the 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/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: _____

Please provide the following:

- Safe sleep class certificate (***new applicants only***).
- Infant/Child CPR certification (*must be a physical class not online*) valid for current year. **not required for non-providers*
- Proof of completion of a tuberculosis test (***new applicants only***).
- Proof of State Enhanced Background check (***in addition to the city background check for new applicants only***).
- *Note: Renewals require state and city background check every 5 years.**
- Proof of ten (10) hours of approved continuing education, with no more than five (5) hours being completed online. (***renewals only***). Continuing education classes can be found at: <https://www.cdaid.org/197/committees/child-care-commission>

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