



Public Works and Environmental Services Department

Consumer Protection Division

**Child Care Licensing and Enforcement**

One North University Drive, Suite A203

Plantation, Florida 33324 • 954-357-4800

## APPLICATION FOR EXEMPTION FROM LICENSURE

Please answer the following questions. Child Care Licensing and Enforcement (CCLE) will determine if your facility is subject to licensure as a "child care program," pursuant to Section 402.302(1), Florida Statutes, and Chapter 7, Broward County Code of Ordinances, or determine if your program meets the qualifications for an exemption from same.

| PROGRAM INFORMATION        |                                              |                        |
|----------------------------|----------------------------------------------|------------------------|
| Program Name:              |                                              |                        |
| Corporation Name:          |                                              |                        |
| Street Address:            | City:                                        | Zip Code:              |
| Mailing Address:           | City:                                        | Zip Code:              |
| Telephone Number:          | Fax Number:                                  |                        |
| Authorized Representative: | Telephone Number:                            |                        |
| Email Address:             |                                              |                        |
| Days of Operation:         | How many hours are children allowed on site: | Age range of children: |

| PROGRAM OVERVIEW                                                                                   |                                                                                   |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1. What is the purpose of the program? <i>(Provide a description of the program.)</i>              |                                                                                   |
|                                                                                                    |                                                                                   |
|                                                                                                    |                                                                                   |
|                                                                                                    |                                                                                   |
| 2. Who will be in charge of the program and what are the individual's qualifications?              |                                                                                   |
|                                                                                                    |                                                                                   |
| 3. Is the program currently in operation? <input type="checkbox"/> Yes <input type="checkbox"/> No | Cease and Desist issued? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Describe the physical location of the program(s). Who owns the building/real property?          |                                                                                   |
|                                                                                                    |                                                                                   |
|                                                                                                    |                                                                                   |

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| <p>5. Is there an outdoor play area? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, is it adjacent to the facility where the program will be/is located? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please describe)</p>                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p>6. Are the parents required to remain on the premises at all times while the children are in attendance at the program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p>7. Are there children, even those as young as five years of age, who are allowed to enter and leave the program at any time without permission, prior arrangements, or supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, does the program clearly indicate that they <b>do not assume responsibility</b> for the supervision of the children? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>                                                                                                                                                                                                       |
| <p>8. Is the program operated by or affiliated with a national membership non-profit organization that certifies membership organizations as of February 1, 2017 in at least ten (10) states, and that was created for the purpose of providing activities that contribute to the development of good character or good sportsmanship, or to the education or cultural development of minors in this state, and that charges a membership fee for children and may receive grant funding for services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what is the name of national association and website address. _____</p> |
| (Please attach certificate of membership)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p>9. Has the program ever applied for or previously been licensed, registered or exempt by CCLE? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, was the license ever suspended, revoked, or application for licensure denied? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(Please provide dates and details.)</p>                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p>10. Is the program currently designated as a DCF Gold Seal Quality Care Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, does the program intend to apply to become a DCF Gold Seal Quality care provider? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                             |
| <p>11. Is the program to be offered currently accredited, certified, or a member of any organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, by what agency or authority? <i>(Provide a photocopy of your current certification, membership, if applicable.)</i></p>                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p>12. When will the program be offered? <input type="checkbox"/> Year round <input type="checkbox"/> School year <input type="checkbox"/> Summer only <input type="checkbox"/> Holidays</p> <p><input type="checkbox"/> Early release days <input type="checkbox"/> Other _____</p>                                                                                                                                                                                                                                                                                                                                                                   |

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| <b>PROGRAM SERVICES</b>                                                                                                                                                                                                                                                                                                                                                         |
| <p>1. Are the services provided strictly instructional or tutorial/academic in nature? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Provide a detailed schedule of all activities offered by the agency for the program from the time the child arrives at the facility to the time the child leaves the facility, including any transportation.)</i></p> |
| <p>2. If the answer to #1 above is yes, does staff assist with activities beyond the program's instructional or tutorial/academic activities? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, explain)</i></p>                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                 |
| <p>3. Does the program provide time for children to engage in activities such as, but not limited to, homework, watching movies, playing video games, etc., until parental pickup? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, explain)</i></p>                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                 |
| <p>4. In the tables below please indicate any instructional and tutorial/academic activities that are offered to the children in the program. <i>Please list any additional instructional activities provided.</i></p>                                                                                                                                                          |

| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Instructional Activities</th> <th style="width: 30%;">Duration In Minutes</th> </tr> </thead> <tbody> <tr> <td>Computer/Technology <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>_____</td> </tr> <tr> <td>Academics/STEM <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>_____</td> </tr> <tr> <td>Ballet/dance <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>_____</td> </tr> <tr> <td>Martial arts/Karate <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>_____</td> </tr> <tr> <td>Sports <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>_____</td> </tr> <tr> <td>Tutoring <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>_____</td> </tr> <tr> <td>Arts and Crafts <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>_____</td> </tr> </tbody> </table> | Instructional Activities                                                                                                                                                                                                                                                                                                                                                                    | Duration In Minutes | Computer/Technology <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | Academics/STEM <input type="checkbox"/> Yes <input type="checkbox"/> No  | _____ | Ballet/dance <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | Martial arts/Karate <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | Sports <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _____                        | Tutoring <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                                                                 | Arts and Crafts <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                                                             | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Instructional Activities</th> <th style="width: 30%;">Duration In Minutes</th> </tr> </thead> <tbody> <tr> <td>Arts and Crafts <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>_____</td> </tr> <tr> <td>Gymnastics <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>_____</td> </tr> <tr> <td>Test Preparation <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>_____</td> </tr> <tr> <td>Music <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>_____</td> </tr> <tr> <td colspan="2">Other: _____</td> </tr> <tr> <td colspan="2">_____</td> </tr> <tr> <td colspan="2">_____</td> </tr> </tbody> </table> | Instructional Activities | Duration In Minutes | Arts and Crafts <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | Gymnastics <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | Test Preparation <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | Music <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | Other: _____ |  | _____ |  | _____ |  |
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| Instructional Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Duration In Minutes                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| Computer/Technology <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| Academics/STEM <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | _____                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| Ballet/dance <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| Martial arts/Karate <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| Sports <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| Tutoring <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| Arts and Crafts <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _____                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| Instructional Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Duration In Minutes                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| Arts and Crafts <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _____                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| Gymnastics <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _____                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| Test Preparation <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| Music <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| 5. Does the enrollment information clearly define the duration of each instructional/tutorial session? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| 6. If non-instructional activities are included, please indicate the duration of each activity below.<br><i>Please list any additional non-instructional activities provided.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Non-Instructional Activities</th> <th style="width: 30%;">Duration In Minutes</th> </tr> </thead> <tbody> <tr> <td>Free Play <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>_____</td> </tr> <tr> <td>Sports Activity <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>_____</td> </tr> <tr> <td colspan="2">Other: _____</td> </tr> <tr> <td colspan="2">_____</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Non-Instructional Activities                                                                                                                                                                                                                                                                                                                                                                | Duration In Minutes | Free Play <input type="checkbox"/> Yes <input type="checkbox"/> No           | _____ | Sports Activity <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | Other: _____                                                          |       | _____                                                                        |       | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Non-Instructional Activities</th> <th style="width: 30%;">Duration In Minutes</th> </tr> </thead> <tbody> <tr> <td>Meals/Snacks <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>_____</td> </tr> <tr> <td>Homework <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>_____</td> </tr> <tr> <td colspan="2">Other: _____</td> </tr> <tr> <td colspan="2">_____</td> </tr> </tbody> </table> | Non-Instructional Activities | Duration In Minutes                                               | Meals/Snacks <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                                                                    | Homework <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Other: _____             |                     | _____                                                                    |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| Non-Instructional Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Duration In Minutes                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| Free Play <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _____                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| Sports Activity <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _____                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
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| Non-Instructional Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Duration In Minutes                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| Meals/Snacks <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| Homework <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
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| 7. Does the enrollment information clearly define the duration of each non-instructional session? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| 8. How is the program presented to the parents? <i>(Attach copies of promotional literature advertisement, brochure, flyers, etc., provided to parents or the public.)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
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| Do any of your flyers, brochures or promotional materials including vehicles indicate that the program offered is aftercare? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| 9. Are meals or snacks provided? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Please answer the following questions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| <ul style="list-style-type: none"> <li>Are meals prepared on site? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Are snacks prepared on site? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Are prepackaged meals provided? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>Are prepackaged snacks provided? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Are drinks/snacks requiring refrigeration provided? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Are drinks/snacks not requiring refrigeration provided? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
| 10. Is transportation provided? <input type="checkbox"/> Yes <input type="checkbox"/> No. Is transportation provided by an outside entity? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please provide name of entity providing transportation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
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| 11. Please describe the nature of the transportation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
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| 12. Are all vehicles that are transporting children equipped with child safety alarm devices? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                              |       |                                                                          |       |                                                                       |       |                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                   |                                                                       |                                                                          |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                     |                                                                          |       |                                                                     |       |                                                                           |       |                                                                |       |              |  |       |  |       |  |
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**PROGRAM FUNDING**

1. How is the program funded? *(Attach a list of all grants, donations, trusts, etc. received with the names of the funders, purpose of funding, and amount of funding)*

2. Does the program have a contract with the Early Learning Coalition (ELC) to provide School Readiness services?

☐ Yes ☐ No

3. Does the program plan to apply for School Readiness funding? ☐ Yes ☐ No

4. Are there any fees, dues, tuition, grants, or other payment arrangements made for the care of the children?

☐ Yes ☐ No *(Please describe (how much, how often, etc.)*

If the County determines that the program, as presented, is not subject to licensure as a child care program, a written exemption letter will be provided. The exemption status is valid for one year from the date the exemption is granted, unless there are any changes to the location of the program, ownership of the program, activities schedule, ages of children enrolled in the program, daily duration of the program, or any other changes that alter the structure or nature of the program in such a manner from how it was initially presented, that licensure is required. A revised Exemption Application is required any time there is any substantive change to the program as described in this paragraph.

I hereby attest that, to the best of my knowledge and belief, the information contained in this Application is truthful and correct. This Application may be withdrawn at any time the applicant so desires.

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**MAIL OR EMAIL APPLICATION TO:**

Melinda Harrison, Child Care Licensing Supervisor  
Childcare Licensing and Enforcement Section  
1 N University Drive • Plantation, Florida 33324  
[mcharrison@broward.org](mailto:mcharrison@broward.org)

**CCLE OFFICIAL USE ONLY**

Date application received:

Date site visit conducted:

Exemption granted/denied

Date issued/exp.