

Name: \_\_\_\_\_  
(Please clearly print applicant's name.)

Full names and birth dates of your children, if any, whether living with you or not: **NOTE: If none, check this box** ☐

Child's First Name	Middle Name	Last Name	Date of Birth
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Your previous addresses since 1990 and the dates you lived at each address: **NOTE: If none, check this box** ☐

1) \_\_\_\_\_

Resided from: _____	To: _____
(month) (year)	(month) (year)

2) \_\_\_\_\_

Resided from: _____	To: _____
(month) (year)	(month) (year)

3) \_\_\_\_\_

Resided from: _____	To: _____
(month) (year)	(month) (year)

4) \_\_\_\_\_

Resided from: _____	To: _____
(month) (year)	(month) (year)

All persons completing this form must read the following and sign below:

I consent to have the Department of Children and Families conduct a Child Abuse Record Information check to determine whether an allegation of child abuse or neglect has been substantiated against me. I certify that I am not currently being investigated for any allegation of child abuse or neglect. I understand that if a record of substantiated child abuse or neglect is found, or if I refuse to sign this consent form, I will not be permitted to sponsor or work at this or any other licensed child care center in New Jersey. I certify that all information I have given on this form is accurate and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE OF LICENSING USE ONLY

OOL staff initials \_\_\_\_\_