PUBLIC SCHOOL BUILDING INFORMATION FORM
(For Ages **Three Through Fourteen** Only)

PLEASE COMPLETE BOTH SIDES

Name of Applicant:		
Name of School:		
Name of School District:		
Facility Street Address:	City:	Zip:
Cross Streets:		Phone:
Mailing Address:	City:	Zip:
If additional information is required, the responsible party/individual to contact is:		
Name	Title	Telephone #:
Street Address, State and Zip Code		Fax #:

This application represents:
A Public School building not currently licensed (please check one):
____ An existing unlicensed building.
____ New construction for a proposed facility.
NOTE: Pursuant to **R18-5-201 / A.R.S. 15-101**, "Public School" means a government-operated educational institution established for the purpose of offering instruction to pupils in programs for preschool children, kindergarten programs or any combination of grades one through 12.

Submit drawings with the application to:

Bureau of Child Care Licensing
150 N. 18th Ave Suite #400
Phoenix AZ 85007
Or, call 1-800-615-8555

A. Pursuant to R9-5-201.A.5.i., a school map or final set of construction drawings shall be submitted for a set of final construction drawings or a school map showing:
   1. The location of each **school building**;
   2. The location and dimensions of each **outdoor activity area** used by enrolled children;
   3. The length and width dimensions for each **indoor activity area**;
   4. The requested licensed capacity and applicable service classifications for each **indoor activity area**;
   5. The location of each hand-washing **sink**, **toilet**, **urinal**, and **drinking fountain** to be used by enrolled children;

OFFICIAL USE ONLY	**CDC#:**	**Previous CDC:**	**LS:**	**Received by Initials:**
	Date Fee Rec'd:	**Amount:**	**Check Number:**	

PUBLIC SCHOOL BUILDING APPLICATION FORM

NOTE: All calculated capacity number values must be rounded DOWN to the nearest whole number.

Please indicate below each room by name or number with the usable square footage.

Room # / Name Building Location	Usable Sq. Ft.	Age of Children	Comments/Program Name	FOR BCCL USE ONLY		
				25 Sq Ft	50 Sq Ft	Licensed Capacity

Outdoor Activity Area name/#	SQ FT.	÷ 75 (# children on playground at one time)	X 2	= Maximum capacity		# of Toilets / Urinals		
						# of Sinks		if Bradley sinks, the number of spigots
						# of Sanitary Units		Total number of Sanitary Units = lower of two numbers above
			TOTAL					

COMPLIANCE WITH FENCING REQUIREMENTS for ages 3-5 (R9-5-603.A.): 4 foot enclosed fence, shaded area, 6 inches of surfacing, horizontal/vertical gaps not to exceed 4 inches.	**YES** ☐ **N/A** ☐

Days and Hours of operation:

Monday	From	To	From	To	From	To
Tuesday	From	To	From	To	From	To
Wednesday	From	To	From	To	From	To
Thursday	From	To	From	To	From	To
Friday	From	To	From	To	From	To