

BOROUGH OF CLOSTER

DEPARTMENT OF HEALTH

JAMES M. FEDORKO
HEALTH OFFICER

JIN BAE
REGISTERED ENVIRONMENTAL
HEALTH SPECIALIST
BOH SECRETARY, LICENSING OFFICIAL
CERTIFIED MUNICIPAL REGISTRAR

BOROUGH HALL
201-784-0600 EXT.493
FAX No. 201-784-0371



NURSERY SCHOOL OR DAY CARE LICENSE

[FEE: \\$200.00](#)

APPLICATION IS HEREBY MADE FOR A LICENSE TO OPERATE A NURSERY SCHOOL/DAY CARE CENTER AS DEFINED IN THE REVISED CLOSTER HEALTH CODE, ARTICLE XII

NAME OF NURSERY/DAY CARE: _____

ADDRESS: _____ PHONE #: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____ PHONE #: _____

EMAIL ADDRESS OF OWNER: _____

NAME OF DIRECTOR OR MANAGER: _____

EMAIL ADDRESS OF DIRECTOR: _____

NAME OF HEALTH DIRECTOR: _____

EMAIL ADDRESS OF HEALTH DIRECTOR: _____

LUNCHES PROVIDE: YES / NO (if YES, please provide names and addresses of food establishments along with three (3) page inspection reports)

Name of Instructors and Class Name: _____
(Include Age Range)

➤ (use backside of this page if more space is needed)

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PLEASE FORWARD WITH THIS APPLICATION COPIES OF THE FOLLOWINGS:

- A. Copy of Liability Insurance
- B. Copy of all CPR and First Aid Certifications
- C. Provide LOG (only include names and dates) of CARI, CHRI or/and Fingerprint for all Instructors
- D. Professional Pest Control Contract
- E. Number of classes, age groups, and names (including the name of head teachers.)

LICENSES WILL NOT BE ISSUED WITHOUT SUBMITTING ITEMS A-E ABOVE.

IN CONSIDERATION OF SUCH LICENSE, APPLICANT AGREES TO COMPLY AT ALL TIMES WITH ALL STATUTES, ORDINANCES, RULES AND REGULATIONS OF BOTH THE NEW JERSEY DEPARTMENT OF HEALTH AND OF THE BOROUGH OF CLOSTER. LICENSE, IF GRANTED, IS UPON EXPRESS CONDITION OF ITS FORFEITURE OR REVOCATION IF CASE THE LICENSEE, HIS AGENT, OR SERVANT VIOLATES THE CONDITIONS SET FORTH HEREIN.

PLEASE NOTE:

- **APPLICATION MUST BE COMPLETED IN ITS ENTIRETY AND RETURNED WITH APPLICABLE FEE**
- **LICENSES ARE NOT TRANSFERRABLE IF BUSINESS IS SOLD**
- **LICENSES ARE RENEWABLE IN JANUARY AND EXPIRE DECEMBER 31ST**

I hereby consent to inspection by the Closter Health Department and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with state and local nurse/childcare establishment requirements, a copy of which I have received. BY SIGNING BELOW, I HEREBY UNDERSTAND AND COMPLY WITH ALL THE CONDITIONS SET FORTH IN THIS APPLICATION.

PRINT NAME AND SIGN

DATE

NOTE:

THE FOLLOWING STAFF/CHILD RATIOS:

UNDER 18 MONTHS	1:4
18 MONTHS UP TO 2 ½ YEARS	1:6
2 ½ YEARS UP TO 4 YEARS	1:10
4 YEARS	1:12
5 YEARS AND OLDER	1:15

THE FOLLOWING STAFF/CHILD RATIOS SHALL APPLY DURING REST OR SLEEP:

UNDER 18 MONTHS	1:10
18 MONTHS UP TO 2 ½ YEARS	1:12
2 ½ YEARS AND ABOVE	1:20