



Please describe any additional experience working with children, including any volunteer experience, experience babysitting or experience as a state or military family child care provider.

**Please list three (3) references; include name, address, phone number and email. References must be non-family members. In-laws are considered family members.**

<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>Email</i>

I am requesting to establish a Child Development Home (CDH) in accordance with OPNAVINST 1700.9 Series and CDH program standards. By signing this application, I attest that the above information is true and accurate to the best of my knowledge. Any misrepresentation of information will result in the denial of this application and possibly future applications.

Applicant's Signature \_\_\_\_\_

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

Please email your signed application to [CNRMA.CDH.fct@navy.mil](mailto:CNRMA.CDH.fct@navy.mil)