

Building Use Agreement

Do you have a Building Use Agreement? Yes No

Property Occupancy Status _____

Emergency Provider's Contact Information (Contingency Location) _____

Acknowledgement

- I/we understand the requirements to report known or suspected child abuse. Yes
- I/we shall obtain approval from the licensing agency before making changes in our license capacity, or to our home. Yes
- I/we would like to participate in the Quality Rating and Improvement System (QRIS) Yes
- I/we have a valid lease and permission from the owner/landlord to operate a child development facility on the premises. Yes
- I/we shall notify the licensing agency when we want to discontinue operating a licensed child development facility. Yes
- I/we have read the laws and regulations governing the operation of this licensed facility and it is the intention of this applicant to comply. I/We understand that I/we are responsible for meeting and always maintaining compliance with all applicable childcare licensing laws and regulations. Yes
- I/we attest, under penalty of perjury, that to the best of my (our) knowledge, the contents of this application and the information provided with it are true, accurate, and complete. Yes

Document Uploaded

Document Name	Description
Hueytown fire Rescue.pdf	Fire Safety Inspection Certificate
food permit.pdf	Catering Plan/Food Permit
Floor Plan.jpg	Floor Plan
Policies 2025 (1).pdf	Operating Policies
Lease Renewal rent Increase Letter (2).pdf	Proof of Ownership
Kids Zones EPRP.docx	Emergency Preparedness and Response Plan (EPRP)
food permit.pdf	Health Department Inspection
TC Med.pdf	Medical Form

Attestation

[X] This application shall be signed by the applicant/owner/licensee or by his/her



State of Alabama
 Department of Human Resources
 Gordon Persons Building
 50 N. Ripley St.
 P.O. Box 30400
 Montgomery, AL 36130-4000
 (334) 242-1425
 dhr.alabama.gov



KAY IVEY
 Governor

NANCY T
 BUCKNER
 Commissioner

Facility Information

Facility Name Apply for Subsidy?
 KIDZ ZONE CHRISTIAN ACADEMY

Physical Address of Facility
 750 ALLISON BONNETTE M.DR
 DOLOMITE AL 35020 Jefferson

Facility Operation Information

Opening Time Closing Time 24 Hours Same Time for Selected Days Operate on Holidays

5:00 AM	9:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/> Day Time		<input checked="" type="checkbox"/> Night Time
<input checked="" type="checkbox"/>	Monday	6:00 AM 6:00 PM	6:00 PM	10:00 PM
<input checked="" type="checkbox"/>	Tuesday	6:00 AM 6:00 PM	6:00 PM	10:00 PM
<input checked="" type="checkbox"/>	Wednesday	6:00 AM 6:00 PM	6:00 PM	10:00 PM
<input checked="" type="checkbox"/>	Thursday	6:00 AM 6:00 PM	6:00 PM	10:00 PM
<input checked="" type="checkbox"/>	Friday	6:00 AM 6:00 PM	6:00 PM	10:00 PM
<input type="checkbox"/>	Saturday			
<input type="checkbox"/>	Sunday			

Fire Safety Inspection Certificate

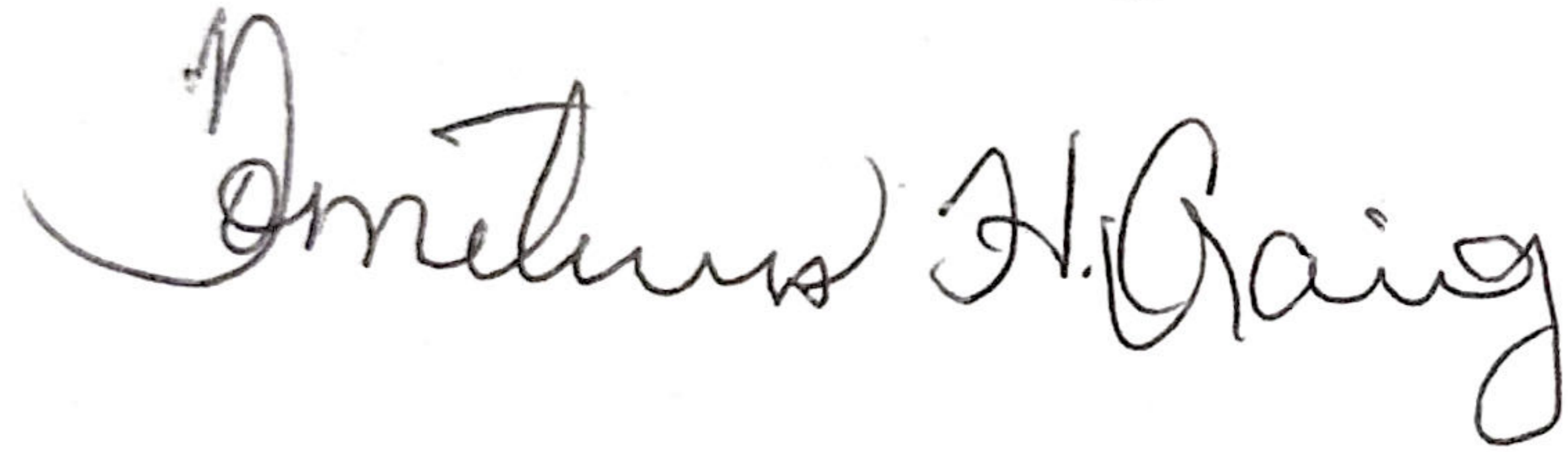
Fire Safety Inspection Date	Source	Fire Safety Inspection Status	Fire Safety Inspection Number	Fire Safety Inspection Approval Date
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9/26/2018

authorized designee if the applicant/owner/licensee is an individual. If the applicant/owner/licensee is a corporation, written verification from the corporation that the person signing the application has the authority to do so shall be indicated on the first page of the application form. The original application form must be submitted. Copies of the application form or application forms received by FAX cannot be accepted.

Owner/Agent Signature Date

Tometrus H Craig 4/30/2025

A handwritten signature in black ink that reads "Tometrus H. Craig". The signature is written in a cursive style with a large, sweeping initial "T".