

## Controlling Person Form Child Care Licensing

Operation Name <b>Shreash LLC dba Growing Smart Learning Center</b>		Operation Number	Telephone No. (A/C) <b>214-471-3713</b>
Address of Operation <b>1110 S Austin St.</b>		City & ZIP Code <b>Sherman 75090</b>	County <b>Grayson</b>

Complete the required information for each controlling person with your operation. This includes all people in the operation as stated under 40 TAC §745.901 or see Page 3 of this form for the definition of "controlling person."

The information on this form contains no willful misrepresentation. The information given is true and complete to the best of my knowledge. I understand that any willful misrepresentation or failure to provide identifying information within the required time frames is a cause for remedial action regarding my application or permit.

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Signature of Applicant, Designee, or Head of Governing Body Date

First Name <b>Manjeet</b>		Middle Name	Last Name <b>Bhatia</b>		Suffix
Other names used (married, maiden, etc.) First Name		Middle Name	Last Name		Suffix
Date of Birth <b>03/18/1973</b>	Driver's License No. <b>15944134</b>	Driver's License State <b>TX</b>	SSN <b>629 68 4763</b>		
Individual's Mailing Address <b>6828 Sigma Ln</b>		City <b>frisco</b>	State <b>tx</b>	Zip <b>75035</b>	Telephone No. (A/C) <b>214 471 3713</b>
Title, Position or Relationship					Effective Date of Position <b>ON</b> close
<input type="checkbox"/> Licensed Administrator <input checked="" type="checkbox"/> Governing Body Member <input type="checkbox"/> Primary Caregiver in Child Care Home <input type="checkbox"/> Center Director <input type="checkbox"/> CEO <input type="checkbox"/> Spouse of Primary Caregiver <input type="checkbox"/> Board Member <input type="checkbox"/> Owner <input type="checkbox"/> Adult Living in Child Care Home <input type="checkbox"/> Other: _____					
If person is associated with a Child Placing Agency, indicate if the person is associated with the Main or Branch office: <input checked="" type="checkbox"/> Main <input type="checkbox"/> Branch    If Branch, what number: _____					

First Name <b>Kristal</b>		Middle Name <b>Laree</b>	Last Name <b>Wilks</b>		Suffix
Other names used (married, maiden, etc.) First Name		Middle Name	Last Name		Suffix
Date of Birth <b>08/26/1970</b>	Driver's License No. <b>11174811</b>	Driver's License State <b>TX</b>	SSN <b>463-73-0147</b>		
Individual's Mailing Address <b>411 W. Fairview</b>		City <b>Sherman</b>	State <b>TX</b>	Zip <b>75092</b>	Telephone No. (A/C) <b>903-818-8178</b>
Title, Position or Relationship					Effective Date of Position aquisition
<input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Governing Body Member <input type="checkbox"/> Primary Caregiver in Child Care Home <input checked="" type="checkbox"/> Center Director <input type="checkbox"/> CEO <input type="checkbox"/> Spouse of Primary Caregiver <input type="checkbox"/> Board Member <input type="checkbox"/> Owner <input type="checkbox"/> Adult Living in Child Care Home <input type="checkbox"/> Other: _____					
If person is associated with a Child Placing Agency, indicate if the person is associated with the Main or Branch office: <input checked="" type="checkbox"/> Main <input type="checkbox"/> Branch    If Branch, what number: _____					

<b>DFPS Use Only</b>	Name of Licensing Staff Completing AARS Check		Mail Code
Date Form Received	Date AARS Check Completed	AARS Status: Cleared:  Match:	

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First Name Sridhar		Middle Name		Last Name Gajula		Suffix	
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name		Suffix	
Date of Birth 01/12/1976		Driver's License No. 06049386	Driver's License State TX	SSN 643-62-5194			
Individual's Mailing Address 6828 Sigma Ln			City Frisco	State TX	Zip 75035	Telephone No. (A/C) 949-350-3392	
Title, Position or Relationship <input type="checkbox"/> Licensed Administrator <input checked="" type="checkbox"/> Governing Body Member <input type="checkbox"/> Primary Caregiver in Child Care Home <input type="checkbox"/> Center Director <input type="checkbox"/> CEO <input type="checkbox"/> Spouse of Primary Caregiver <input type="checkbox"/> Board Member <input type="checkbox"/> Owner <input type="checkbox"/> Adult Living in Child Care Home <input type="checkbox"/> Other: _____						Effective Date of Position	
If person is associated with a Child Placing Agency, indicate if the person is associated with the Main or Branch office: <input type="checkbox"/> Main <input type="checkbox"/> Branch    If Branch, what number: _____							

First Name		Middle Name		Last Name		Suffix	
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name		Suffix	
Date of Birth		Driver's License No.	Driver's License State	SSN			
Individual's Mailing Address			City	State	Zip	Telephone No. (A/C)	
Title, Position or Relationship <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Governing Body Member <input type="checkbox"/> Primary Caregiver in Child Care Home <input type="checkbox"/> Center Director <input type="checkbox"/> CEO <input type="checkbox"/> Spouse of Primary Caregiver <input type="checkbox"/> Board Member <input type="checkbox"/> Owner <input type="checkbox"/> Adult Living in Child Care Home <input type="checkbox"/> Other: _____						Effective Date of Position	
If person is associated with a Child Placing Agency, indicate if the person is associated with the Main or Branch office: <input type="checkbox"/> Main <input type="checkbox"/> Branch    If Branch, what number: _____							

First Name		Middle Name		Last Name		Suffix	
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name		Suffix	
Date of Birth		Driver's License No.	Driver's License State	SSN			
Individual's Mailing Address			City	State	Zip	Telephone No. (A/C)	
Title, Position or Relationship <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Governing Body Member <input type="checkbox"/> Primary Caregiver in Child Care Home <input type="checkbox"/> Center Director <input type="checkbox"/> CEO <input type="checkbox"/> Spouse of Primary Caregiver <input type="checkbox"/> Board Member <input type="checkbox"/> Owner <input type="checkbox"/> Adult Living in Child Care Home <input type="checkbox"/> Other: _____						Effective Date of Position	
If person is associated with a Child Placing Agency, indicate if the person is associated with the Main or Branch office: <input type="checkbox"/> Main <input type="checkbox"/> Branch    If Branch, what number: _____							

First Name		Middle Name		Last Name		Suffix	
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name		Suffix	
Date of Birth		Driver's License No.	Driver's License State	SSN			
Individual's Mailing Address			City	State	Zip	Telephone No. (A/C)	
Title, Position or Relationship <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Governing Body Member <input type="checkbox"/> Primary Caregiver in Child Care Home <input type="checkbox"/> Center Director <input type="checkbox"/> CEO <input type="checkbox"/> Spouse of Primary Caregiver <input type="checkbox"/> Board Member <input type="checkbox"/> Owner <input type="checkbox"/> Adult Living in Child Care Home <input type="checkbox"/> Other: _____						Effective Date of Position	
If person is associated with a Child Placing Agency, indicate if the person is associated with the Main or Branch office: <input type="checkbox"/> Main <input type="checkbox"/> Branch    If Branch, what number: _____							

# Controlling Person Form Child Care Licensing

## Instructions for Controlling Person Form

### **Who must complete the controlling person form?**

The applicant, designee, or head of the governing body must complete and sign this form.

### **Whose names must be entered on the Controlling Person Form?**

Controlling Persons include each:

- (1) Owner of the operation or member of the governing body of the operation, including, as applicable, an executive, an officer, a board member, a partner, a sole proprietor and the sole proprietor's spouse, or the primary caregiver at a child-care home and the primary caregiver's spouse;
- (2) Person who manages, administrates, or directs the operation or its governing body, including a day care director or a licensed administrator; or
- (3) Person who either alone or in connection with others has the ability to influence or direct the management, expenditures, or policies of the operation. For example, a person may have influence over the operation because of a personal, familial, or other relationship with the governing body, manager, or other controlling person of the operation.

A person does not have to be present at the operation or hold an official title at the operation or governing body in order to be a controlling person. An employee, lender, secured creditor, or landlord of the operation is not a controlling person unless the person meets the definition as stated above.

### **When do I complete this form?**

Complete and sign this form when:

- (1) You submit an application to licensing for a permit; and
- (2) Within two days after a person becomes a controlling person at your operation.

### **Where do I send the form?**

Mail the form to your local Licensing office.

### **General Instructions:**

Do not leave any blanks. Write "none," "not applicable," or "NA" if the item does not apply.

### **Operation Information:**

Enter the operation name and operation number (if already licensed, certified, registered or listed). The remaining operation information is self-explanatory.

### **Signature/date:**

The applicant, designee, or head of the governing body must sign and date the form.

### **Controlling Person Information:**

- **Name:** List every name used by this person, including a woman's maiden name and previous married names. Write out the middle name, do not use only the middle initial. Add additional pages, as necessary.
- **Address and phone:** Enter the personal mailing address and phone number for the person listed.
- **Title, Position, or Relationship:** Select the appropriate choice.
  - *Licensed Administrators* refers to Licensed Child Care Administrators or Licensed Child Placing Administrators
  - *Center Director* refers to a director of a child care center or home
  - *Primary Caregiver of a Child Care Home, Spouse of Primary Caregiver, and Adult Living in Child Care Home* are terms only associated with licensed, registered, or listed child care homes
- **Effective Date of the Position:** Enter the date the person began the role of a controlling person.

### **Page 2:**

This page is provided in case you have many controlling persons for your operation. Make as many copies of Page 2 as you need to list all the names you need to submit. Only one Page 1 is required each time you submit the form.