



APPLE
Accredited Professional Preschool Learning
Environment Program
SAUCE
School-age Unit Certificate Endorsement

ADVANCED APPLE Application

Name of Center: _____

Name of Owner: _____

City: _____, State: _____ Zip: _____

Address _____

Mailing address _____

City: _____, State: _____ Zip: _____

County _____

Phone: (_____) _____ Fax: (_____) _____

E-mail _____

Name of Director or on site Administrator _____

Licensed Capacity _____ Current Enrollment _____

Credit Card Type: VISA MasterCard

Account #: _____

My \$400.00 APPLE Application Fee is enclosed.
Please make checks payable to:
APPLE

Name on Card: _____

Signature: _____

Expiration Date: _____

Signature _____ Date: _____

Send to:
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