



APPLE
 Accredited Professional Preschool
 Learning Environment Program
SAUCE

School-Age Unit Certificate Endorsement

New Application
 Re-Accreditation

Standard APPLE Application

Name of Center: <i>(as it appears on license)</i>			
Name of Owner: <i>(Primary Contact)</i>			
Owner Email:			
Name of Director: <i>(Secondary Contact)</i>			
Director Email:			
Address:		County:	
City:		State:	Zip:
Same as program address			
Mailing Address:			
City:		State:	Zip:
Primary Phone:			
Secondary Phone:		Fax:	
Licensed Capacity:	Current Enrollment:	Year Initially Licensed:	
Do You Serve School Age Children: Year Round Summer Only Periodically No			
Do You Provide VPK: Year Round School Year No			

I am currently a FACCM member as required in the state of Florida (only) application attached.
 My Member Number is: _____
 \$350.00 APPLE Application Fee is payable by check or credit card. Please make checks payable to FACCM
Communications regarding accreditation and your status will be sent via email.

Credit Card Type: VISA MasterCard Discover
 Card #: _____
 Name on Card: _____
 Expiration Date: _____
 3 Digit Code (on back of card) _____
 Billing Address: _____

Signature: _____ Date: _____

Credit Card Payment: Complete form and fax to: 954-767-4701 Pay Online: https://www.faccm.org Please do not email credit card information	Payment by Check: Complete top portion of form and mail with check to: FACCM 1095 Military Trail #8619 Jupiter, FL 33468
--	---