



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

National APPLE Application

Name of Center:
Corporate Name: Tax ID:
Name of Owner:
Center Address: County:
City: State: Zip:
Mailing address: County:
City: State: Zip:
Phone: () Fax: ()
Owner E-mail:
Director E-mail:
Name of Director or on site Administrator:
Licensed Capacity: Current Enrollment:
Year Initially Licensed: How did you hear about us:

Do You Serve School Age Children: [] Year Round [] Summer Only [] Periodically [] No
Do You Provide VPK: [] Year Round [] School Year [] No

Application Fee \$400.00 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: _____

Table with 2 columns: Payment By Credit Card and Payment by Check. Includes instructions for completing forms and mailing, and contact information for FACCM.