



APPLE
Accredited Professional Preschool Learning
Environment Program

SAUCE
School-age Unit Certificate Endorsement

<input type="checkbox"/> New Application
<input type="checkbox"/> Reaccreditation

APPLE Application

Name of Center: _____

Name of Owner: _____

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 Center was 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).

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: _____

<p>Payment By Credit Card: Complete form and fax to: 954-767-4701 DO NOT EMAIL THIS FORM WITH CREDIT CARD INFORMATION</p>	<p>Payment by Check: Complete top portion of form and mail with check to: FACCM 1095 Military Trail #8619 Jupiter, FL 33468</p>
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