



After-School Accreditation

APPLE Accredited Professional Preschool Learning Environment Program

___ New Application
___ Reaccreditation

After-School APPLE Application (Florida)

Name of Center:
Company Name: Tax ID:
Name of Owner:
Address: County:
City: State: Zip:
Mailing address: County:
City: State: Zip:
Phone: () Fax: ()
Owner E-mail:
Director Name: Director Email:

All communications are sent via email.

Current Enrollment: Year Center was Initially Licensed, if applicable:
Company type: Profit Non Profit License Type: Licensed Exempt
School Readiness: Yes No USDA Food Program: Yes No Military Funding: MCCYN OMCC No
Location Type: Private Public School Community Facility Religious Facility Other:
If Private: Own Property Rent Other:
#of School Readiness Children you serve: Other funding:
School Age Schedule : Year Round Summer Only School Year Only Before School After School
How did you hear about us: DCF License #:
Florida's Voice for Early Learning Political Contribution: \$25 \$50 \$100 \$250 \$500 Other\$
35% of your FACCM dues are non-deductible for federal income tax purposes. PC Contribution is non-deductible

Fees: Application \$350 FACCM Annual Member Dues \$50 (Introductory Rate)
Membership is required for locations in the state of Florida
Payment By Credit Card: Complete form and fax to: 954-767-4701 DO NOT EMAIL THIS FORM WITH CREDIT CARD INFORMATION
Payment by Check: Complete top portion of form and mail with check to: FACCM 908 S. Andrews Avenue Fort Lauderdale, FL 33316
Credit Card Payment: Visa Mastercard Discover Amex
Name on card: Authorized Amount:
Card#: Expiration Date: CVV:
Credit Card Billing Address: