

GOLD SEAL QUALITY CARE PROVIDER APPLICATION

Official Use Only	
Application:	
Date Rcvd:	
Processed by:	

Initial 🗌 Renewal 🗌

CATION	Certificate: Date Issued:

Name of Child Care Program: Name of Owner/Operator: Alternate contact person: Street Address: City:	CHILD CARE PROGRAM INFO	RMATION (Please Print)	License ID#,	if applicable
Alternate contact person:	Name of Child Care Program:			
Street Address: Email: City: County: State: Zip Code: Program Phone:) Alternate Contact Phone:) Provider Type (please select all that apply): Child Care Program Atter-School Program Public/Nonpublic School Family Day Care Home Large Family Child Care Home Religious Exempt Child Ca By signing below, I	Name of Owner/Operator:			
City: County: State: Zip Code: Program Phone: Alternate Contact Phone: Provider Type (please select all that apply): Child Care Program After-School Program Public/Nonpublic School Family Day Care Home Large Family Child Care Home Religious Exempt Child Care Mandatory Agreement for Exempt Providers Mandatory Agreement for Exempt Providers By signing below, 1	Alternate contact person:			
Program Phone: () Alternate Contact Phone: () Provider Type (please select all that apply): Child Care Program] After-School Program] Public/Nonpublic School [Family Day Care Home] Large Family Child Care Home] Religious Exempt Child Ca Mandatory Agreement for Exempt Providers By signing below, I, Applicant of do hereby agree to periodic inspection by the Department of the program and facilities that is licensed exempt. A legible copy of the Accrediting Association certificate MUST be attached. Please note: Accreditation certificate must match the provider's licensed name and physical address. Please complete the following, as reflected on the Accrediting Association certificate: Name of Accreditation:	Street Address:		Email:	
Program Phone: () Alternate Contact Phone: () Provider Type (please select all that apply): Child Care Program] After-School Program] Public/Nonpublic School [Family Day Care Home] Large Family Child Care Home] Religious Exempt Child Care Program and facilities that is licensed exempt. A legible copy of the Accrediting Association certificate MUST be attached. Please note: Accreditation certificate must match the provider's licensed name and physical address. Please complete the following, as reflected on the Accrediting Association certificate: Name of Accreditation:	City:	County:	State:	Zip Code:
Family Day Care Home Large Family Child Care Home Religious Exempt Child Ca Mandatory Agreement for Exempt Providers By signing below, I, Applicant of				
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Effective Date of Accreditation:	Please complete the following, as refle	ected on the Accrediting Association	on certificate:	
Expiration Date of Accreditation:	Name of Accrediting Association:			
Accreditation Certificate Number (if applicable):	Effective Date of Accreditation:			
Date of onsite evaluation/validation visit: ATTESTATION I hereby attest that all information pertaining to this application is true, correct and complete. I hereby attest the child care program indicated on this application meets the standards for Gold Seal Quality Care designation pursuant to section 402.281, Florida Statu understand if any of the information provided is found to be false, Gold Seal Quality Care designation will be denied or rescinded. agree to alert the department of any change of business or operation to the child care program indicated on this application. Signature of Applicant Date of Application Applicant must disclose all licensing violations for which they have been cited in the two years preceding this application. Attach	Expiration Date of Accreditation:			
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	Signature of Applicant		Date of Applica	ation
separate sheet restarying rotations and dates.	<u>Applicant must disclose all licensing</u> separate sheet identifying violations a		en cited in the two years	preceding this application. Attach
This application and a copy of accreditation certificate may be faxed to 1-888-814-8611 or submit by mail to: Children's Forum, Attn: Gold Seal, 2807 Remington Green Circle, Tallahassee Florida 32308; or email to goldsealproviderapps@thechildrensforum.com This application will not be accepted without the required certificate and signature of the applicant in ink.	Children's Forum, Attn: Gold Seal, 28 email to goldsealproviderapps@thech	807 Remington Green Circle, Tall hildrensforum.com	lahassee Florida 32308; o	r

If you have questions regarding this application or the Gold Seal Quality Care Program, please visit <u>http://www.myflorida.com/childcare</u>.

CF-FSP 5386, Gold Seal Quality Care Provider Application, April 2015, 65C-22.009 and 65C-20.014, F.A.C.