



GOLD SEAL QUALITY CARE PROVIDER APPLICATION

Initial Renewal

Official Use Only

Application:
Date Rcvd: _____
Processed by: _____
Certificate:
Date Issued: _____

CHILD CARE PROGRAM INFORMATION (Please Print)

License ID#, if applicable _____

Name of Child Care Program: _____

Name of Owner/Operator: _____

Alternate contact person: _____

Street Address: _____ Email: _____

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

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 Accrediting Association: _____

Effective Date of Accreditation: _____

Expiration Date of Accreditation: _____

Accreditation Certificate Number (if applicable): _____

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 Statutes. I understand if any of the information provided is found to be false, Gold Seal Quality Care designation will be denied or rescinded. I 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 separate sheet identifying violations and dates.

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.

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