



Official Use Only

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

GOLD SEAL QUALITY CARE PROVIDER APPLICATION

CHILD CARE FACILITY OR HOME INFORMATION (Please Print)

Child Care License # or DCF ID# _____

Name of Child Care Facility or Home: _____

Name of Owner/Operator: _____ Alternate contact person: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Accrediting Association Name: _____

Program Phone: () _____ Alternate Contact Phone: () _____

Provider Type: Child Care Facility Family Day Care Home Large Family Child Care Home

Mandatory Agreement for Exempt Providers

By signing below, I _____, Applicant of _____, do hereby agree to periodic inspection by the Department of Children and Families of the program and facilities that is licensed exempt.

This application will not be processed without the required items listed below:

- Gold Seal recognized Accreditation Certificate, which matches the provider's legal name and physical address
- Child Care License, Notice of Religious Exemption, or Department of Defense Certificate
- Child Care Inspections with cited violations in the two years preceding this application, if located on a military installation.

Please note:

- Applications submitted after the current Gold Seal has expired will have an effective date of the day the Gold Seal application has been approved.
- Name, address, or accreditation changes **must be updated within 15 days** of the change.

Incomplete applications will only be retained for 30 days from the date of receipt.

ATTESTATION

I hereby attest that all information pertaining to this application is true, correct and complete. I hereby attest the child care facility or home indicated on this application meets the standards for Gold Seal Quality Care designation pursuant to section 1002.945, 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if any of the information provided is found to be false, Gold Seal Quality Care designation will be denied or rescinded.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

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, 1211 Governor's Square Blvd. Suite 200, Tallahassee Florida 32301; or
email to goldsealproviderapps@thechildrensforum.com

If you have questions regarding this application or the Gold Seal Quality Care Program, please visit
www.floridaearlylearning.com; or call 1-888-352-4453