



### After School Care Program: Religious Exemption from Licensure Application

This is a: ☐ New Application ☐ Renewal Application

#### Tell Us About The School or Program:

##### Part A: Contact Information

School Name: \_\_\_\_\_

Web Site URL: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Office E-Mail: \_\_\_\_\_ Email Contact Person: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Name(s) of any other agencies with which you are registered: \_\_\_\_\_

\_\_\_\_\_

##### Part B: Administrative Contact Information:

Administrator: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Additional Contact (Name/Position): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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**Part C: Religious Exemption Certificate Fees:**

**\_\_\_\_\_ After School Program: \$550 + \$50 Travel Fee = \$600**

Each year, the After School Program must participate and have an inspection. Below is a list of items that you will need to present copies to the FCCPSA inspector consisting of the following:

- a. Notarized Letter from the church attesting that the After School program is an integral part of the church
- b. Copy of cover page of Liability Insurance
- c. Copy of Fire Marshal inspection
- d. Copy of Handbook (Parent and Staff)
- e. Copy of Fire Drills

As part of the inspection, the FCCPSA field inspector will review the staff files and the student files. The inspection will also include a health and safety inspection of the classrooms as well as the playground inspection.

When the after school program completes inspection requirements of the FCCPSA, FCCPSA will then issue another annual certificate, which would need to be sent to DCF, along with the notarized church integral letter, the DCF application and the Attestation of Compliance form.

**All After School Care Facilities are required to have an annual on-site visit to renew their Religious Exemption from Licensure certificate.**

**Part D: Please enclose a copy of the following items:** (Or email a pdf version to the FCCPSA office.)

\_\_\_\_\_ School Brochure      \_\_\_\_\_ School Philosophy, including a Statement of Faith

*Please return this completed form with your payment and the required items from section C.*

**Total Amount Enclosed: \$ \_\_\_\_\_ (Make check payable to FCCPSA.)**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this signed form with your payment to:

FCCPSA  
P.O. Box 5100  
Deltona, FL 32728-5100

If you have any questions,  
please call or email the office:  
Joe Gibilisco, President  
(386) 218-5310  
joe.gibilisco@fccpsa.org

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