Child Care Facility Religious Exemption Certificate of Accreditation Application

This is a	Renewal Application	New	Application
			1.1

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 Co	ntact 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 Fee:			
Fees:			
\$650 Renewal On-Site Inspection Visit: \$	6600 (Annual Inspection fee) + \$50 (Travel fee) = \$650		
Care Facility Inspection Checklist will b is the process that is commonly referred	ceived, the Inspection will be scheduled. Also, the Child the issued for the school administrative staff to review. This to as the "self-study phase". Through the self-study d conduct a systematic and thorough examination of all its on.		
inspection process, compliance areas and	hild Care Facility with a thorough preview of the d required documentation. This Inspection Checklist will he Inspection Checklist has been thoroughly reviewed, the		
Review (Inspection Summary). This rev that need to be addressed, or remaining or remaining non-compliance issues or doc Certificate will be issued. The Child Car Certificate, a Notarized Church Integral	the Child Care Facility will be provided with a Site Visit iew will address if there are any non-compliance issues questions, or documentation required. When any numentation is completed, a new Religious Exemption re Facility will then submit their new Religious Exempt Letter, Notarized Affidavit of Compliance and the DCF er to receive DCF's Religious Exemption From Licensure		
Note:			
All Child Care Facilities are required to l Religious Exemption From Licensure Ce	have an on-site inspection each year to renew their ertificate.		
Dowt D. Dioggo angless a convert the follow	wing items (On an all and forming to the ECCDS A office)		
••	wing 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 you	ur 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 pa	ayment 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		

Revised 01-01-2024