FCCPSA

Florida Coalition of Christian Private Schools Accreditation

After School Care Program: Religious Exemption from Licensure Application

This is a: ____ New Application _____ Renewal Application

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: _____

_____

Tell Us About The School or Program:

Part A: Contact Information

Part B: Administrative Contact Information:

Administrator: _____

Cell Phone: _____ E-Mail: _____

Additional Contact (Name/Position): _____

Cell Phone: _____ E-Mail: _____

After School Care Facility Program: Religious Exemption from Licensure Application Page 2

Part C: Religious Exemption Certificate Fees:

_____ Renewal Fees: $650

As soon as payment of $650 and application is received, FCCPSA will set up an onsite inspection date that is convenient for both your facility and FCCPSA.

Then you will be sent an Inspection Checklist which covers the following required items:

1. A checklist that FCCPSA will need copies of, such as,
    a. letter from the church affiliation
    b. copy of cover page of liability insurance
    c. copy of fire marshal inspection
    d. copy of handbook

Once the on-site visit is completed and approved, the After School Program will then be provided with a new Religious Exempt certificate.

The After School Program will need to mail to DCF in Tallahassee the following:

1. Completed DCF application
2. New FCCPSA Certificate
3. Notarized Letter from Church stating the integral relationship
4. Notarized Affidavit of Compliance

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

_____ After School Brochure _____ After 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