



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 are licensed exempt.

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

- Gold Seal-recognized Accreditation Certificate that matches the provider's legal name and physical address
- Child Care License, Notice of Religious Exemption, or United States Department of Defense Certificate
- Providers located on a military installation only: Child Care Inspection reports in the two years preceding this application.

#### 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.
- Incomplete applications will only be retained for thirty (30) days from the date of receipt.
- Name, address, or accreditation changes **must be updated within 15 days** of the change.
- Applications from providers that have not been operational and attended by children for one (1) year will not be processed.

### ATTESTATION

I hereby attest that all information pertaining to this application is true, correct, and complete. I hereby attest that 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 that if any of the information provided is found to be false, Gold Seal Quality Care designation will be denied or rescinded.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 Division of Early Learning 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 the accreditation certificate may be faxed to 1-888-814-8611 or mailed to:**  
 Children's Forum, Attn: Gold Seal, 1211 Governor's Square Blvd. Suite 200, Tallahassee Florida 32301; or  
**emailed to** [goldsealproviderapps@thechildrensforum.com](mailto:goldsealproviderapps@thechildrensforum.com)

**If you have questions regarding this application or the Gold Seal Quality Care Program, please visit**  
[www.floridaearlylearning.com](http://www.floridaearlylearning.com); or call 1-888-352-4453