



APPLE
Accredited Professional Preschool Learning
Environment Program
SAUCE
School-age Unit Certificate Endorsement

National APPLE Application and Advanced APPLE

Name of Center: _____

Name of Owner: _____

Address _____

City: _____ State: _____ Zip: _____

Mailing address if different _____

City: _____ State: _____ Zip: _____

County _____

Phone: (____) _____ Fax: (____) _____

E-mail _____

Name of Director or on site Administrator _____

Licensed Capacity _____ Current Enrollment _____

Check here for Advanced APPLE materials

Credit Card Type: VISA MasterCard

Account #: _____

Name on Card: _____

Signature: _____

Expiration Date: _____

3 digit code: _____ Cannot be processed without code.

My \$400.00 APPLE Application Fee is enclosed.
Please make checks payable to:
FACCM

Signature _____ Date: _____

Send to:
Ellen M. Blake, APPLE Administrator
10060 Amberwood Road
Suite 3
Fort Myers, Florida 33913
Ellen.Blake@faccm.org
1-877-634-9874 telephone 1-239-561-7545 facsimile

