



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

The Early Learning Program *must* be a FACCM member in the state of Florida.

Name of Center: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address \_\_\_\_\_

Mailing address \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

County \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Name of Director or on site Administrator \_\_\_\_\_

Licensed Capacity \_\_\_\_\_ Current Enrollment \_\_\_\_\_ County \_\_\_\_\_

**I am currently a FACCM member as required in the state of Florida (only).**

My Member Number is: \_\_\_\_\_

Credit Card Type:  VISA  MasterCard

Account #: \_\_\_\_\_

My \$350.00 APPLE Application Fee is enclosed.  
Please make checks payable to:  
APPLE

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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