**Self-study Enrollment Form (save form to your computer and type your information)**

***PROGRAM INFORMATION:***

|  |
| --- |
| Name of Program *(include corporate program number if applicable):*  |
| Director:  |
| MAILING Address:  |
| City:  | State:  | Zip:  |
| County where program is located:  |
| Phone:  | Fax:  | E-mail:  |
| Alternate E-mail (if available):  | Website:  |
| **SITE Address** (*if different from above*):  |
| City:  | State:  | Zip:  |
|  |
| Licensed Capacity:  | Number of Classrooms:  | Number of Staff:  |
| Days of Operation: through  | Hours of Operation: to |
| Program Type:  | [ ]  Campus-Based  | [ ]  Corporate, Corp. Affiliation:  | [ ]  Employer- Sponsored | [ ]  Head Start  | [ ]  School District  |
|  | [ ]  Community |  | [ ]  Faith-Based  | [ ]  Inclusion | [ ]  Sole Proprietor |
|  |
| Age Groups Served:  | [ ]  Infants  | [ ]  Toddlers | [ ]  Twos | [ ]  Preschool | [ ]  School Age |
|  |
| If you are a member of a local directors’ group, please list: |  |
| How did you hear about the National Accreditation Commission?  | [ ]  Advertisement | [ ]  Conference | [ ]  CCRR |
| [ ]  Colleagues  | [ ]  Corporate | [ ]  Website | [ ]  Currently Accredited |
| Other:  |
|  |
| Is your program receiving Accreditation Assistance?(e.g. through a Self-Study Project or state agency) | [ ]  Yes, through  | [ ]  No |
|  |
| ***LEGALLY RESPONSIBLE PARTY* (if different from above):** |
| Name:  | Title:  |
| Organization/Corporation:  |
| Address:  |
| City:  | State:  | Zip:  |
| Phone:  | E-mail:  |
| I understand that in order to participate in the accreditation process of the National Accreditation Commission for Early Care and Education Programs, the philosophies of the Program and the Commission must be compatible. The Program will have two years from the date the National Accreditation Commission receives the program’s Self-Study application and payment to complete the self-study phase and request an onsite validation visit. I also understand that the enrollment fee is non-refundable and a validation fee is due when requesting a validation visit. |
| Name:       | Title:       | Date:       |
| *SELF-STUDY ENROLLMENT FEES* |
| Licensed capacity: | [ ]  15-50......$400 | [ ]  51-100……$450 | [ ]  101-175…$525 |
| [ ]  176-250...$550 | [ ]  251-350....$600 | [ ]  351-500…..$650 |
| Electronic Accreditation Manual PDF [ ]  | **$25** |
| My program’s total enrollment fee:  |  |
|  |
| ***PAYMENT OPTIONS (select one):*** |
| [ ]  MasterCard | [ ]  Visa | [ ]  American Express | [ ]  Discover  |
| Credit card #:  | Expiration Date:  | Auth. Code:  |
| Name on Card:  | Address for card if different from program address: |
| [ ]  Check #: **\*** | [ ]  Purchase Order Number:  |
| **\**There is a $25 returned check fee.*** |
|  |

**Submit the following as 1 PDF attachment to** submissions@earlylearningleaders.org **:**

[ ]  This completed 2-page Self-Study Enrollment form

[ ]  A copy of the program’s operating license and latest licensing inspection report

**Make check payments out to and mail to:**

Association for Early Learning Leaders
1250 S. Capital of TX Hwy., Bldg. 3, Ste. 400
Austin, TX 78746