**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 (includes electronic PDF Accreditation Manual with fillable forms)* |
| Licensed capacity: | [ ]  15-50: $400 | [ ]  51-100: $450 | [ ]  101-175: $525 |
| [ ]  176-250: $550 | [ ]  251-350: $600 | [ ]  351-500: $650 |
| **OPTIONAL:** Hard Copy of Accreditation Manual [ ]  | **$45** |
| 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: |
| [ ]  Please contact me for payment by ACH.\* Phone Number:  | [ ]  Purchase Order Number: Invoice will be sent to the e-mail address listed above. Payment is required before Self-Study materials will be sent.  |
| **\**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
[ ]  A copy of the program’s latest licensing inspection report

A letter confirming enrollment in Self-Study and the PDF of our Accreditation Manual with fillable forms will be sent to the e-mail address provided on this form within 10 business days of receiving the completed Self-Study Enrollment form, licensing documents, and enrollment fee.

If you have chosen to purchase the optional hard copy of the Accreditation Manual, the Manual will be mailed to the mailing address provided on this form via United States Postal Service Medial Mail. Please allow 3-5 business days from processing for delivery.

If you have not received your Self-Study materials or if you have any questions, please contact the Accreditation Office at accreditation@earlylearningleaders.org.