



# GOLD SEAL QUALITY CARE PROVIDER APPLICATION

Official Use Only

Application: \_\_\_\_\_  
 Date Rcvd: \_\_\_\_\_  
 Processed by: \_\_\_\_\_  
 Certificate: \_\_\_\_\_  
 Date Issued: \_\_\_\_\_

**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 is licensed exempt.

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

- Gold Seal recognized Accreditation Certificate, which matches the provider's legal name and physical address
- Child Care License, Notice of Religious Exemption, or Department of Defense Certificate
- Child Care Inspections with cited violations in the two years preceding this application, if located on a military installation.

**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.
- Name, address, or accreditation changes **must be updated within 15 days** of the change.

Incomplete applications will only be retained for 30 days from the date of receipt.

**ATTESTATION**

I hereby attest that all information pertaining to this application is true, correct and complete. I hereby attest the child care facility or home indicated on this application meets the standards for Gold Seal Quality Care designation pursuant to section 1002.945 402.284, Florida Statutes. I understand if any of the information provided is found to be false, Gold Seal Quality Care designation will be denied or rescinded.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 department 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 accreditation certificate may be faxed to 1-888-814-8611 or submit by mail to:**

Children's Forum, Attn: Gold Seal, ~~2807 Remington Green Circle~~, 1211 Governor's Square Blvd. Suite 200, Tallahassee Florida 32301&; or email to 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) <http://www.myflfamilies.com/childcare>; or call 1-888-352-4453**