

**APPLICATION  
FOR ACCREDITATION FOR FREE STANDING EARLY CHILDHOOD  
CENTERS**

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

Telephone \_\_\_\_\_

Fax number \_\_\_\_\_ E-mail \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Sponsoring Church \_\_\_\_\_

Early Childhood Administrator/Director \_\_\_\_\_

Licensed by \_\_\_\_\_ Exp. Date \_\_\_\_\_

License Capacity \_\_\_\_\_ Current number of children served \_\_\_\_\_

Ages of Children Served \_\_\_\_\_

Description of Center \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of classrooms

\_\_\_\_\_

Staffing numbers:

---

Teachers \_\_\_\_\_ Teaching Assistant \_\_\_\_\_

List other support staff:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Program

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of the Community the center serves

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

# EARLY CHILDHOOD ACCREDITATION AGREEMENT

I understand that the following fees will be the responsibility of the early childhood center:

Application Fee	\$300
NLSA Annual Report Fee	\$300 (Due October 1 each year)
Visiting Team Member Expenses	Transportation, Lodging, Meals

I understand that if I may also be required to pay addition fees required by my LCMS district.

Preschools connected with an elementary school shall be evaluated as a part of the entire school's accreditation process and a separate fee is not required.

I further understand that our center has a period not to exceed three (3) years from the date of application to complete the self-evaluation study using these materials.

Signed:

\_\_\_\_\_ Date \_\_\_\_\_

Early Childhood Director

\_\_\_\_\_ Date \_\_\_\_\_

Other Administrative Head (where applicable)

\_\_\_\_\_ Date \_\_\_\_\_

Senior Pastor

\_\_\_\_\_ Date \_\_\_\_\_

Chairperson – Governing Board

\_\_\_\_\_ Date \_\_\_\_\_

Chairperson – Congregation

\_\_\_\_\_ Date \_\_\_\_\_

District Education Executive

\_\_\_\_\_ Date \_\_\_\_\_

Consultant suggested by the District Education Executive: \_\_\_\_\_

\_\_\_\_\_  
Suggested Consultant's Contact Information

------(Please do not write below this line)-----

**Office Use Only;**

Date Application Received: \_\_\_\_\_ Date Letter sent to the Center \_\_\_\_\_