



Application for NAEYC Accreditation Subsidy Through the VAECE

(PLEASE PRINT)

Provider Identification:

| | | |
|--|------|-----|
| 1. Name of Program: | | |
| 2. Address of Program: | City | Zip |
| 3. Name of Program Director: | | |
| 4. Program Director's Email: | | |
| 5. Name of VAECE member who works on site: | | |
| 6. VAECE Member's Membership #: | | |

Program Information:

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|--|
| NAEYC Academy Program Code: |
| Type of Program: Full Day <input type="checkbox"/> Part Day <input type="checkbox"/> |
| Are you licensed? Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt <input type="checkbox"/> |
| Total number of children currently enrolled: |
| Number of staff currently working directly with children: |

| |
|--|
| Is your program currently NAEYC accredited? Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|

Does your program have an external source of funding for NAEYC accreditation fees?

Yes No If yes, what is the source: _____ and amount of your funding for accreditation:

Amount of VAECE Subsidy Requested (1/2 of the amount paid by the program):

[Verification of report to NAEYC and amount spent (copy of cashiers check, money order or credit card/online transaction statement) must be included with this application]

Date fee was paid:

Date this application sent:

Application for subsidy is for: (check all that apply)

| Accreditation Step | Amount paid |
|---|-------------|
| <input type="checkbox"/> Step 1: Enrollment/Self Study | |
| <input type="checkbox"/> Step 2: Application/Self Assessment | |
| <input type="checkbox"/> Steps 3 & 4: Candidacy & Site Visit | |
| <input type="checkbox"/> Annual Report Fee (Please circle- 1 st , 2 nd , 3 rd , or 4 th anniversary, Intent to renew, Renewal materials form fee) | |
| <input type="checkbox"/> Verification Visit Fee | |

Mail OR Scan & Email this Application to the NAEYC Accreditation/CDA Chair (Contact information in [Viewpoint](#) and on VAECE website)

FOR VAECE USE ONLY: Membership Proof of Application Approved Date Approved:

Date sent to Treasurer: _____ Date Paid: _____ Amount: _____ Check #: _____