



**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

Total number of staff members:

Teachers _____ Teaching Assistant _____

List other support staff:

Description of Program

Description of the Community the center serves

Send **two copies** of your completed application form and the \$275 application fee
(payable to National Lutheran School Accreditation to **your District Education
Executive** for signature and submission to NLSA. Districts may charge an additional fee
for District accreditation.

EARLY CHILDHOOD ACCREDITATION AGREEMENT

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

Application Fee	\$275
NLSA Annual Report Fee	\$275 (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 _____