United Methodist Association of Preschools
General Membership Application Form

Please type or print information below.

General Membership: Application Fee $50.00
Annual Membership Dues $ 50.00 (due by March 1, yearly)
Only General Members in good standing may apply for accreditation.

Date of Application: _____

School Name: _____

Address: _____ City: _____ Zip:_____

Mailing Address (if different): _____

School Phone (_____) _____ e-mail _____

Director's Name: _____

D.C.F. License Number: _____ Expiration Date: _____

Program Type: Half Day ____ Full Day ____ Parent's Day Out ____
(check all that apply) Year round ____ After-school _____ Infants ____

Number of Children Enrolled: _____ Number of Staff Members: _____

Church Name: _____ Pastors Name: _____

Note: A resource person will contact you about your application, as well as to encourage you to consider becoming an Accredited UMAP school.

Return this completed application with a $ 50.00 check payable to UMAP.
Please include a copy of your current DCF License and Insurance.

Mail to: Sandi Vaughn
4234 Settlers Court
Saint Cloud, FL 34772