



UNITED METHODIST ASSOCIATION OF PRESCHOOLS

Application for UMAP Accreditation Validation Visit

Name of program _____

Church Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Director Information: (Please print or type.)

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

The above Named program is a General Member of The United Methodist Association of Preschools in good standing and requests an **Accreditation Validation Visit**.

_____ 1 – 60 children enrolled and enclose the \$325 Validation fee.
(Travel expenses outside the FL Conference area are to be paid later.)

_____ 61 – 120 children enrolled and enclose the \$525 Validation fee.
(Travel expenses outside the FL Conference area are to be paid later.)

_____ 121 or more children enrolled and enclose the \$650 Validation fee.
(Travel expenses outside the FL Conference area are to be paid later.)

Number of Classrooms: Infants _____, Toddler _____, 2's _____, 3's _____ 4/5's _____

Signed: _____ Date _____
Director

Checks are to be made out to UMAP.

Mail application to: Sandi Vaughn, 4234 Settlers Court, Saint Cloud, FL 34772
For more information contact: Sandi Vaughn, Accreditation Coordinator sandanv1@hotmail.com