



# UNITED METHODIST ASSOCIATION OF PRESCHOOLS

## Application for UMAP Re-Accreditation Accreditation Renewal

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 an Accredited Member of The United Methodist Association of Preschools in good standing and requests a **Re-Accreditation Renewal Visit**.

\_\_\_\_\_ 1 – 60 children enrolled and enclose the \$300 Validation fee.  
(Travel expenses outside the FL Conference area are to be paid later.)

\_\_\_\_\_ 61 – 120 children enrolled and enclose the \$500 Validation fee.  
(Travel expenses outside the FL Conference area are to be paid later.)

\_\_\_\_\_ 121 or more children enrolled and enclose the \$600 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 \_\_\_\_\_

Current Accreditation Expires: \_\_\_\_\_

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