

Encouraging Quality...

PO Box 2948
1-855-706-3272



Recognizing Excellence.

Merrifield, VA 22116
1-855-806-3272 fax

NECPA Re-Enrollment Application

The purpose of this form is to notify the NECPA Commission that you wish to re-enroll your program in the self-study process for the purpose of renewing NECPA Accreditation.

Program

Program Name:		Site Number:	
Street Address:			
City, State, Zip Code:			
Shipping Address (if different from above):			
City, State, Zip Code:			
Director:		Owner:	
Email Address:			
Phone Number:		Fax Number:	
License Capacity:		State License Number:	
Emergency Contact:		Phone Number:	
Year Established:	Number of Classrooms:		Number of Buildings:
How did you hear about the NECPA? (Please provide specific information)	Online:		Conference:
	Referral:		Advertisement:
	Other:		
Are you available to provide guidance and mentorship to directors in your area seeking NECPA accreditation for the first time? Mentors may assist directors in the self-study process via phone or e-mail. To qualify for a <u>NECPA Mentorship Certificate of Service</u> , mentors are asked to be available for mentee support at least four hours a month.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Order Placement				
NECPA Payments are based on license capacity	Quantity Per Order	Price Per Order	Quantity	Subtotal
Application fee for 7-60 Children	1	\$350.00		
Application fee for 61-120 Children	1	\$375.00		
Application fee for 121-240Children	1	\$450.00		
Application fee for 240+ Children	1	\$500.00		
Additional NECPA Self Assessment Instrument (One copy is included with application fee)	1	\$50.00		
Additional NECPA Standards Book (One copy is included with application fee)	1	\$35.00		
Additional Documentation Box Labels (One set is included with application fee)	1	\$5.00		
Parent Flyers (Flyer designed to acquaint parents with the accreditation process and its value)	25	\$15.00		
Subtotal				\$
10% Processing Fee (required)				\$
Fees are non-refundable and subject to change without prior notice. All returned checks will incur a \$35 fee.				TOTAL \$
Payment Information				
Check (Payable to NECPA) #:	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	PO or Invoice #:	
Credit Card Number:			Expiration:	
Name on Card (Please Print):				
Signature:				
Billing Address:				
Agreements				
<input type="checkbox"/>	I understand that the NECPA accreditation is valid for three years with the submission of an Annual Renewal Report during each of the accreditation years.			
<input type="checkbox"/>	I understand that a NECPA Accredited program is required to maintain NECPA standards, requirements and physical plant under which the program is awarded accreditation.			
<input type="checkbox"/>	I understand that the NECPA Commission reserves the right to revoke the accreditation of any program found to be out of compliance with the NECPA standards.			
<input type="checkbox"/>	I understand that the re-enrollment period lasts for two years from the date of the NECPA Enrollment Letter issued by the NECPA Office and that the NECPA Verification Visit Request Form must be submitted within that time period.			
<input type="checkbox"/>	I have included a copy of this program's current state license with the Re-Enrollment Application Form.			

Name (Please Print)

Signature

Date

For more information on NECPA news, policies, procedures, amendments and updates, please visit www.necpa.net.