





# Florida League of Christian Schools

Excellence.

Please complete the following questions to help us better serve you.  
Our center is also a member of the following organization(s):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Our center is currently **licensed** by the Department of Children & Families (DCF).  
Our center has been removed from DCF licensure in the last 12 months.

Yes  No  
 Yes  No

If so, what date? \_\_\_\_\_

Our center has been fined by DCF in the last 12 months.

Yes  No

If so, for what violations (use back for more space)? \_\_\_\_\_

## Enrollment Information

Please list the number of students in each grade/age level which you currently serve.

	<u>Full Time</u>	<u>Part Time</u>
Infants: _____	_____	_____
1 year olds: _____	_____	_____
2 year olds: _____	_____	_____
3 year olds: _____	_____	_____
4 year olds: _____	_____	_____
5 year olds: _____	_____	_____
Kindergarten: _____	_____	_____
Before School: _____	_____	_____
After School: _____	_____	_____
Total: _____	_____	_____

**Please make checks payable to:**

FLOCS  
PO Box 24687  
Lakeland, FL 33802

(863)683-5726 ext. 251  
(863)683-9602

[www.flocs.org](http://www.flocs.org)

**\$140.00 minimum enrollment fee for schools with 20 students or less.**

\*All Fees Are Non-Refundable

<b>Total Full-Time Children:</b>	# _____	x \$7.00	= _____
<b>Total Part-Time &amp; B/A Care Children:</b>	# _____	x \$3.75	= _____
<b>Inspection Fees (covers 2 required inspections)</b>			= \$100.00
<b>Application Fee</b>			= \$100.00
<b>TOTAL AMOUNT OF FEES</b>			= _____

Director Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR OFFICE USE

Date application received: \_\_\_\_\_ Received by: \_\_\_\_\_ SID# \_\_\_\_\_

Payment: *Money Order / Check / Credit Card* # \_\_\_\_\_ Amount: \_\_\_\_\_