



Early Learning Coalition of Pasco and Hernando Counties, Inc.
 15506 County Line Road, Spring Hill, 34610
 727-233-8291
www.phelc.org

SUNSHINE STARS APPLICATION FORM

BUSINESS CONTACT INFORMATION

Owner Name:	Date Business Established:
Business Name:	<input type="checkbox"/> Child Care Center <input type="checkbox"/> Family Child Care Home <input type="checkbox"/> Large Family Child Care Home <input type="checkbox"/> School Age Only <input type="checkbox"/> Private School
Phone:	
E-mail:	
Registered Business Address Location:	

BUSINESS INFORMATION

Site Name:	Other Business Name (if applicable):
How long at current address:	Primary Business Address (city, state, zip):
DCF License/Exemption #: Expiration Date:	Gold Seal Designation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Process

VERIFICATION OF MINIMUM CRITERIA

School Readiness Provider Contract for Current Year: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Process If no, explain:	
In Good Standing with Department of Children and Families: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	
Corrective Action Plans in the last 12 months: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
Class I Violations: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
Class II Violations: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
Accreditation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Process	If yes, Which Accrediting Agency:
If in process, with which accrediting body:	If no, with which accrediting body would you like to eventually seek accreditation:

AGREEMENT TO BECOME SUNSHINE STARS PROVIDER

- By signing and submitting this application, I am aware of the benefits and commitments of participating in Sunshine Stars. (See attachment – Letter of Expectations.)
- By submitting this application, you authorize the Early Learning Coalition of Pasco and Hernando Counties, Inc. to make inquiries into the correctness of any statements provided above.

SIGNATURES

Owner Signature:	Director Signature
Name and Title:	Name and Title:
Date:	Date: