



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

**PHASE 2
 SUNSHINE STARS RE-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

1. By signing and submitting this application, I am aware of the benefits and commitments of participating in Sunshine Stars. (See Expectations in the Provider Manual)
2. 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: