



Office Use Only	
Received Date	_____
Check #	_____ \$ _____
Checklist/Binder RCVD Date:	_____
Pass/Fail	_____

Name of Program: _____

Address: _____

Contact Name: _____

Title: _____

School Phone Number: _____ Cell # _____

Email: _____

Please answer Yes or No.

State Licensed _____ Expiration Date: _____

Exempt from License _____ Date of Letter: _____

Other Accreditation: _____

Mission Statement of Preschool:

I _____ understand that I am submitting an application for certification as a "Preschool of Excellence," for _____ preschool. I agree to submit payment of \$1 per student enrolled at time of application. (minimum \$25) Check should be made payable to Noonday Baptist Association and mailed to 1348 Canton Rd NE, Marietta, GA 30066. I understand that the application fee is non-refundable, and that certification is not guaranteed and will be determined as pass or fail by those representing the Noonday Baptist Association based on completion of requirements as established in attached checklist including site visit.

Signature

Date