



National Accreditation Commission for Early Care and Education Programs

NAC Self-study Enrollment Form

PROGRAM INFORMATION:

Name of Program _____

Director/Administrator _____ Title _____

Address _____ City _____

State _____ Zip _____ County _____ Phone _____

FAX _____ E-mail _____ Website _____

Licensed Capacity _____ Number of Classrooms _____ Number of Staff _____

Days of operation _____ Hours of Operation _____ to _____

Program Type:

- Campus-Based Corporate Affiliate Faith-Based Inclusion
 Community Employer-Sponsored Head Start School District

If you are a member of a local directors' group, please list: _____

How did you hear about NAC Accreditation?

- Conference Advertisement Colleagues Other: _____

LEGALLY RESPONSIBLE PARTY (if different from above):

Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____ E-mail _____

I understand that in order to participate in the accreditation process of the National Accreditation Commission for Early Care and Education Programs (NAC), the philosophies of the Program and NAC must be compatible. The Program will have two years from the receipt of the self-study materials to complete the self-study phase and request an on-site validation visit. I also understand that the enrollment fee is non-refundable and a validation fee is due when requesting a validation visit.

(Authorized Signature)

(Title)

(Date)

