

Green Apple Accreditation of Children's Services

License Exempt [Health and Safety] Inspection Request

This form has been enabled a fillable application. You may complete the form by typing your responses on the page. Save the completed application to your computer. Then email the completed application to: info@gaacs.org and keep a copy for your records.

Name of Program/School: _____

Address: _____

Name of Staff Who Will Be Hosting Site-Visit: _____

Phone Number: (____) ____-____ E-mail Address: _____

GAACS Health and Safety Inspection Fees

Initial Site Visit Inspection	\$150.00
Travel expenses (Lodging, Meals, per day)	varies

All fees are nonrefundable and nontransferable.

NOTE: Select a maximum of three dates to schedule your site visit. Site visits are conducted on a first come first serve basis. Under special circumstances, weekend site visits may be accommodated.

SCHEDULING

Morning Appointment

- 10:00 AM – 2:00 PM
- 8:00 AM – 1:00 PM

____/____/____ ____/____/____ ____/____/____

Please List a total of three (3) dates

Afternoon Appointment

- 1:00 PM-6:00 PM
- 12:00 PM-5:00 PM

____/____/____ ____/____/____ ____/____/____

Please List a total of three (3) dates

If Member opts to choose another time frame please keep in mind that there must be a two hour window with a start time after 8 a.m. and end time before 6 p.m.

Note: Travel Arrangement Acknowledgement: We acknowledge it is the financial responsibility of the member school to secure the travel arrangements and hotel accommodations (if needed) on behalf of the site visiting team. *Usually* the visiting team will be limited to one or two people.

SIGNATURE

DATE

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PAYMENT METHOD (CHOOSE ONE)

OPTION 1: CREDIT CARD

American Express Mastercard Discover Visa

Credit Card Number	Expiration Date	Security Code

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Please fill out the Cardholder's information as it appears on the Credit/Debit Card below.

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Phone Number: (____) ____ - _____

OPTION 2: Cashier Check/Money Order/Business Check

Check attached made payable to **GAACS** or **Green Apple Accreditation of Children's Services**.

Total Fees: _____

**All fees are nonrefundable and nontransferable transaction.
The transaction may not be canceled once it is processed.**

I, _____ authorize **Green Apple Accreditation of Children's Services** to charge my credit/debit card.

_____ Print

_____ Signature