

APPLICATION FOR ACCREDITATION

Please fill out one application form per child care program and submit to AELCS.			
When child care programs apply for accreditation it is their responsibility to ensure that AELCS has current contact information and that the forms are completed correctly. Forms that are not filled out properly and/or are incomplete will not be processed and will cause delays. Each program has a separate Program ID Number and each program must fill out one form per child care program even if the information is the same for each program.			
FULL NAME OF PROGRAM			PROGRAM ID
LICENSE HOLDER NAME (e.g., Alberta 12345 or ABC Holdings Ltd.)			DATE (mm/dd/yy)
TYPE OF PROGRAM (Fill in one circle (⊙) only)			
<input type="radio"/> Day Care Centre <input type="radio"/> Family Day Home Agency <input type="radio"/> Out-of-School Care Program			
NUMBER OF LICENSED SPACES (Day Care Centre/Out-of-School Care Program only)		NUMBER OF CONTRACTED SPACES (Family Day Home Agency only)	
NAME OF OWNER (Please print clearly)		NAME OF DIRECTOR (Please print clearly)	
CONTACT INFORMATION			
PHONE NUMBER OF PROGRAM		FAX NUMBER OF PROGRAM	
EMAIL ADDRESS OF PROGRAM		WEBSITE ADDRESS OF PROGRAM (If applicable)	
PROGRAM ADDRESS			
STREET NUMBER		CITY	PROVINCE AB
POSTAL CODE			
MAILING ADDRESS			
<input type="checkbox"/> Same as above	STREET NUMBER	CITY	PROVINCE POSTAL CODE
DOCUMENTATION REQUIRED			
Licensed Day Care Centre Licensed Out-Of-School Care Program		Contracted Family Day Home Agency	
<input type="checkbox"/> A copy of a valid operating license		<input type="checkbox"/> A copy of a valid contract	
APPROVAL AND SUPPORT BY THE OWNER/BOARD CHAIR			
(FILL IN ONE CIRCLE (⊙) ONLY)			
I, the <input type="radio"/> owner , or <input type="radio"/> board chair of this program approve and support the program in going through the accreditation process.			

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CONSENT TO SHARE INFORMATION

Information that you provide to AELCS is collected and used according to the guidelines of the *Freedom of Information and Protection of Privacy Act*. The information is used to track and support your program's progress through the accreditation process and for research purposes.

We have a reporting responsibility about your progress to Alberta Children and Youth Services as an accountability measure. To support your program we also share contact information with the Alberta Resource Centre for Quality Enhancement.

I consent to AELCS sharing our contact information and/or information on our program's progress going through the accreditation process with other agencies such as Alberta Children and Youth Services and the Alberta Resource Centre for Quality Enhancement for the purpose of supporting our program through the accreditation process and for research purposes.

NAME OF SIGNING AUTHORITY	TITLE POSITION	SIGNATURE OF SIGNING AUTHORITY
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AUTHORIZATION TO ACCESS INFORMATION

To protect the privacy of program's going through the accreditation process, we require each program to provide us with the names of a maximum of five people who would be able to access and request accreditation information related to their program.

NAME OF AUTHORIZED PERSON	TITLE/POSITION
NAME OF AUTHORIZED PERSON	TITLE/POSITION
NAME OF AUTHORIZED PERSON	TITLE/POSITION
NAME OF AUTHORIZED PERSON	TITLE/POSITION
NAME OF AUTHORIZED PERSON	TITLE/POSITION

I authorize the above personnel to access accreditation information about this program

NAME OF SIGNING AUTHORITY	TITLE POSITION	SIGNATURE OF SIGNING AUTHORITY
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Changes to this list can be made by completing another Authorization Consent form. Please contact your Accreditation Consultant to request another form.

AELCS OFFICE USE ONLY

REGION <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	AELCS FILE NO.
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