

Naples Alliance for Children Resource Directory Information. Information obtained for the NAFC directory will never be distributed to others without prior permission.

NAFC RESOURCE DIRECTORY AFTER SCHOOL PROGRAM APPLICATION

PLEASE PROVIDE COMPLETE INFORMATION FOR YOUR EARLY CHILDHOOD EDUCATION CENTER.

IF WE DO NOT RECEIVE YOUR REPLY YOUR CENTER WILL BE LISTED WITH NAME, ADDRESS AND PHONE NUMBER ONLY.

Please **PRINT** of **TYPE** (Use additional paper if necessary)

Name of Center _____

Name of Owner _____

Director: _____

Address _____

City _____ **State** _____ **Zip** _____

Phone Number(s) _____ **Fax** _____

E-mail _____

Internet Home Page http:// _____

Florida State License # _____ **Accreditation Group** _____

Other # _____ **Licensing Group** _____

Open Year Round: yes _____ no _____ **Hours:** _____

AGES: _____