

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 EARLY CHILDHOOD CENTER APPLICATION

PLEASE PROVIDE COMPLETE INFORMATION FOR YOUR EARLY CHILDHOOD EDUCATION CENTER

AFTERSCHOOL INFORMATION SHOULD BE LISTED ON SEPARATE FORM PROVIDED

IF WE DO NOT RECEIVE YOUR REPLY YOUR CENTER WILL BE LISTED WITH NAME AND ADDRESS 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: _____

After School: Yes _____ No _____

If yes, please complete the information below.

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: _____