

# 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](mailto: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

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