



## Religious Exemption from Licensure

To request an **initial** Religious Exemption from Licensure, please complete the entire form below and attach both a current Accreditation Certificate and a Letter of Verification of Church Affiliation. All items are required except the DCF ID Number.

To **renew** an annual Religious Exemption from Licensure, enter the DCF ID Number included on the notice of Religious Exemption Renewal. Complete the entire form below and attach a current Accreditation Certificate.

Forms and Accreditation Certificates are to be sent to:

Department of Children and Families  
Office of Child Care Regulation  
1317 Winewood Blvd., Bldg.6, Rm 389A  
Tallahassee, Florida 32399

### Provider Information:

DCF ID Number (renewal only) \_\_\_\_\_

Name of Facility/Program: \_\_\_\_\_ Capacity: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_  
Street

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Director Name: \_\_\_\_\_

Name of Church/School: \_\_\_\_\_

Accrediting Organization: \_\_\_\_\_

### Days and Hours of Operation:

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Opening Time \_\_\_\_\_

Closing Time \_\_\_\_\_



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### Services Provided:

- |                                      |                                      |   |   |   |                                       |                                       |
|--------------------------------------|--------------------------------------|---|---|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Full Day    | <input type="checkbox"/> Half Day    | <input type="checkbox"/> Drop In        | <input type="checkbox"/> Night Care       | <input type="checkbox"/> Before School    | <input type="checkbox"/> After School | <input type="checkbox"/> Weekend Care |
| <input type="checkbox"/> Infant Care | <input type="checkbox"/> Food Served | <input type="checkbox"/> Transportation | <input type="checkbox"/> School Year Only | <input type="checkbox"/> School Readiness |                                       |                                       |

### Attach and Submit Information

Attach Accreditation Certificate and a letter of verification of church affiliation on church letterhead which is signed and dated by the head church official affirming that your child care facility is an integral part of the church or parochial school conducting regularly scheduled classes, courses of study, or educational programs.

I attest the above information is true and correct and that the facility is an integral part of the above-referenced church or parochial school conducting regularly scheduled classes, courses of study, or educational programs accredited by, or by a member of, an accrediting organization which publishes and requires compliance with its standards for health, safety and sanitation, pursuant to section 402.316(1), Florida Statutes.

I further attest the facility is in compliance with the Florida Statutes in regards to meeting the minimum requirements of the applicable local governing body as to health, sanitation, and safety as well as background screening requirements (ss. 402.305, 402.3055, 435.04, 435.05, and 435.06 Florida Statutes).

I am aware that pursuant to s. 402.319(1), F.S. any omission, falsification, misstatement or misrepresentation constitutes a misdemeanor of the first degree punishable as provided in s. 775.082 or s. 775.083, F.S. and may result in the loss of the facility's exemption from licensure.

I Agree

\_\_\_\_\_  
Name of Director

\_\_\_\_\_  
Name of Church/School Leader

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date