

# GREEN APPLE ACCREDITATION OF CHILDREN'S SERVICES REQUEST FOR HEALTH AND SAFETY INSPECTION

**INSTITUTION**

_____	_____	_____
School Name	Address	City/State/Zip
_____	_____	_____
Phone	Name of Person who will be hosting site visit	Title

**GAACS Exempt Child Care Site Visit Inspection Fees**

Initial Site Visit Inspection	\$300.00
Travel expenses (Lodging, Meals, per day)	\$100.00

**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.

Date	A.M. Appointment	P.M. Appointment
	10:00 A.M -12:00 P.M.	1:00 P.M.-3:00 P.M.
	8:00 A.M.-10:00 A.M.	3:00 P.M.-5:00 P.M.

The last option is left blank intentionally so that the school can suggest a time for the inspection. 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.

_____	_____	_____
Printed Name of Person Completing Application	Signature	Date

**Payment Method** (Choose one).

- Check attached made payable to GAACS or Green Apple Accreditation of Children's Services
- Charge Credit Card
- DISCOVER  MC  AMEX  VISA

_____	_____	_____	_____	_____
Name as it appears on the card	Address	City	State	Zip

_____	_____	_____	_____
CC Number	Code	Exp Date	Total fees

_____	_____
Signature	Printed Name