

BRIGHT FROM THE START
GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING

EXEMPTION APPLICATION
ATTACHMENT A for RELIGIOUS/FAITH-BASED EXEMPTION
(Only currently licensed and accredited programs may apply for this exemption)

PROGRAM NAME _____	LICENSE NUMBER _____
PROGRAM ADDRESS _____	
Street	City Zip

PLEASE READ CAREFULLY

- A. This program is currently licensed and accredited.
- B. Documentation of current accreditation and the accreditation visit report are enclosed and will be submitted to the department with the Exemption Application.
- C. Annual documentation to verify the program's continued accreditation must be submitted to the department.
- D. Background checks for directors/employees must be obtained while the exemption is in effect.
- E. Compliance with applicable local, regional, and state health department, state fire marshal, and local fire prevention guidelines/requirements is required while the exemption is in effect.
- F. The department retains jurisdiction over centers granted this exemption to conduct unannounced background check audits and to conduct complaint investigations regarding compliance with background check requirements and compliance with local, regional and state health department, state fire marshal, and local fire prevention guidelines/requirements.
- G. Any center applying for this exemption that is owned and/or under the legal control/direction of the certifying or accrediting entity shall not be approved by the department.
- H. Any center applying for this exemption shall adopt and comply with the minimum standards of its certifying or accrediting entity for the operation of the center's program and shall publish these minimum standards and make them available to parents of enrolled or prospective children upon request.
- I. A center granted this exemption shall provide written notice to parents of enrolled children if the center does not carry liability insurance.

AFFIDAVIT OF VERIFICATION

Georgia _____ County

I, _____, declare that I have the authority to apply for this exemption, sign this *(Printed name of applicant)* document and enter into this agreement as or on behalf of the owner of this program. I am responsible for completing this document and I read, understand and agree to comply with the contents of this document. The answers and information furnished by me on this application, including any attachments, are true.

SIGNATURE OF APPLICANT

TITLE OF APPLICANT

SWORN TO AND SUBSCRIBED BEFORE ME:

This _____ Day of (mo) _____, (yr) _____

PRINTED NAME OF NOTARY PUBLIC

SIGNATURE OF NOTARY PUBLIC

My commission expires _____

DATE

Attachment A