



**REMITTANCE NOTICE**  
**5<sup>TH</sup> YEAR ANNUAL ACCREDITATION FEE**

NAEYC has taken steps to ensure the long-term viability of NAEYC Accreditation to better assist programs in long-term budgeting for accreditation cost. **This is a reminder that an Annual Accreditation Fee is due each year of your 5-year term.** A program's new term of accreditation is dependent on successful completion of the current term including payment of the 5<sup>th</sup> year Annual Accreditation fee. **Payment is due before or on your Valid Until Date.** Please refer to your program's NAEYC Accreditation certificate for your Valid Until Date.

**Annual Accreditation Fees**

The accreditation fee is calculated based on the number of children enrolled in a program at the time this form is submitted. If the number of children changes for a defined portion of the year (for example, altered program operation during the summer), the program should report the number of children that typically applies throughout the majority of the school year. Programs may be billed for supplemental fees (according to the chart below) if program enrollment has increased during the accreditation process.

| Annual Accreditation Fees                          |                    |
|--|--------------------|
| \$550  | 1 - 60 children    |
| \$650  | 61 - 120 children  |
| \$775  | 121 - 240 children |
| \$885  | 241 - 360 children |
| <b>Add \$150 for every additional 120 children</b> |                    |
| <b>Late Fee \$150</b>                              |                    |
| <b>Annual Accreditation Fee is non-refundable</b>  |                    |

*Reference the following rules to determine the number of children that determines the accreditation fee for your program.*

- *Each child is only counted once.*
- *Each child of eligible age (birth through kindergarten) that is part of an eligible group is counted. All eligible groups MUST be included in your program's NAEYC Accreditation. Note that groups are not eligible if more than 50% of the children are school age (first grade and beyond).*
- *For programs with hourly care or drop-in care groups in which the total number of children enrolled in the group exceeds the maximum licensing capacity of the group, only the maximum licensing capacity of the group is counted. Add the maximum licensing capacity of any drop-in care groups to the total number of children, if applicable.*

| Age Category                     | Total # of Children |
|----------------------------------|---------------------|
| Infant (birth to 15 months)      |                     |
| Toddler/Twos (12 to 36 months)   |                     |
| Preschool (30 months to 5 years) |                     |
| Kindergarten (public or private) |                     |
| School-Age (public or private)   |                     |
| <b>TOTAL Number of Children:</b> |                     |

| Submission Instructions   |   |
|---|---|
| Mail completed form with payment to:  | Annual Report<br>P. O. Box 96037<br>Washington, DC 20090-6037   |
| E-Mail to: <a href="mailto:annualreport@naeyc.org">annualreport@naeyc.org</a>   | NAEYC will ONLY accept electronic submissions through e-mail if a credit card payment is included. Programs paying via check or purchase order are not eligible to submit via e-mail. |
| Faxed Remittance Notices will not be accepted   |   |
| NAEYC accepts the postmark date or the e-mail sent date as the submission date. NAEYC recommends that programs obtain written confirmation of receipt of all forms sent to NAEYC P.O. Boxes. Please discuss tracking options with your local Post Office. NAEYC is not able to sign for materials that are delivered to a P.O. Box by an individual courier such as UPS or FedEx. Similarly, NAEYC recommends that programs save a copy of any automated e-mail replies as confirmation of receipt of all forms emailed to NAEYC. Copy this form for your program's records before submission. NAEYC will not return this form to the program. <b>Note: Please allow up to 21 days for your payment to be received and processed.</b> If your payment is not processed by or on your valid until date it will result in your programs removal from the website. |   |



**REMITTANCE NOTICE**  
5<sup>TH</sup> YEAR ANNUAL ACCREDITATION FEE

| <b>PROGRAM INFORMATION</b>  |   |                      |
|---|---|----------------------|
| Program ID:   | Valid Until Date:   |                      |
| Program Name:   |   |                      |
| Address:  |   |                      |
| Phone:  | Total # Children Enrolled:  |                      |
| <b>PAYMENT INFORMATION</b>  |   |                      |
| <i>Choose ONE method of payment and include applicable information below.</i>   |   |                      |
| <b>Check</b>  | <b>Purchase Order</b>   |                      |
| Check Number:   | Name on Checking Account:   |                      |
| Purchase Order Number:  | Name on Purchase Order:   |                      |
| <b>Attach payment to this form</b>  |   |                      |
| <i>If payment is sent under separate cover, program ID number or other identifying information must be included on the payment.</i> |   |                      |
| <b>Credit Card</b>  |   |                      |
| <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex                                     |   |                      |
| Credit Card Number:   |   |                      |
| Credit Card Expiration Date: Month:                  Year:  |   |                      |
| Name on card/checking account or purchase order holder:   |   |                      |
| Card billing address:   |   |                      |
| City:   | State:  | Zip:                 |
| Country:  |   |                      |
| <input type="checkbox"/> I authorize NAEYC to charge the above credit card at the amount of \$                                      |   |                      |
| Signature:  |   |                      |
| <i>Programs who do not wish to provide their credit card information at this time may pay by phone, 1</i>                           |   |                      |
| <b>International ACH</b>  | <b>International Wire Transfer</b>  |                      |
| International ACH Number:   | <input type="checkbox"/> I acknowledge that a \$20 fee is included with the payment for processing. |                      |
| Name on International ACH:  | International Wire Transfer Number:   |                      |
|   | Name on International Wire Transfer:  |                      |
| <b>NAEYC Information for Transfer:</b>  |   |                      |
| Account Number: 2000013841458   | Routing Number: 121000248   | Swift Code: WFBIUS6S |
| Signature:  |   |                      |

**Submit this page with your 5<sup>th</sup> year Annual Accreditation Fee**