

Solano County Licensed Family Child Care Association

"Promoting quality child care by supporting the professionalism of family child care providers"

Membership Application



The questions below will help us to serve you better.

Please print neatly

Name _____
First Middle Last

Address _____
Street City Zip Code

Business Name Work Phone # Home Phone #

How many children are you licensed for? What ages do you care for?

How long have you been a provider? Do you provide transportation?

Do you have any ECE units? Have you ever been to an ECE conference?

What kind of workshops or information would you like to have presented?

Will you be able to come to the monthly meetings?

Would you like a phone call from us to remind you? What is your E-Mail address?

Members Signature _____ Date _____

Annual dues: **\$70.00** (Includes annual membership of \$15.00 for CAFCC)

Please make checks payable to **SCLFCCA**

Mail to: **SCLFCCA Membership**
C/O Sharon Coleman
980 McCoy Creek Circle
Suisun City, CA 94585

For Office Use Only

Date Received _____ Received by _____
Payment Type : Cash _____ Check # _____ Other _____
Membership Start Date _____ End Date _____