



2010 AFFILIATE FORM

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| <input type="checkbox"/> Large Center Comprehensive \$125 annual dues | <input type="checkbox"/> Small Center/Group Home Comprehensive \$75 annual dues | <input type="checkbox"/> Basic Affiliate \$25 annual dues |
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 Name of Center Year Founded

 Physical Address City Zip Code

 Mailing Address City Zip Code

 Director's Name

 Director's Email

 Phone Number FAX Number

Which of the following best describes your program?

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| <input type="checkbox"/> Privately owned and operated for profit | <input type="checkbox"/> Faith-based not for profit | <input type="checkbox"/> Federally funded |
| <input type="checkbox"/> Private not for profit | <input type="checkbox"/> Other _____ | |

 Licensed Capacity Current Enrollment

 Hours of Operation

 Is part-time care available?

 Do you operate on a year round basis or on a school year calendar?

 What are the ages of the children you serve?

 Does your center offer after school pick-up service?

 Do you accept CCS payments?

 What is the best time to visit your center?

 Whom should parents contact regarding admission?

If you are a new member please include a copy of your current child care license.

Signature of Center Director Date