



AFCCA use only:  
Paid by VISA, MC, Discover \_\_\_\_\_ Posted date: \_\_\_\_\_

Paid by check # \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_

Receipt # \_\_\_\_\_

Expires: \_\_\_\_\_ Renewal Sent: \_\_\_\_\_

# Alaska Family Child Care Association

## Membership Form

The Alaska Family Child Care Association is a non-profit organization,  
which promotes and develops quality, professional child care.

1. Individual/Business Primary \_\_\_\_\_ DOB \_\_\_\_\_  
 Membership: Individual, Advocate \$30.00 Last Name First Name Month/Day  
 Business Membership \$45.00 (2 Persons)
2. Business 2<sup>nd</sup> Member \_\_\_\_\_ DOB \_\_\_\_\_  
 (First 2 Persons Included in Last Name First Name Month/Day  
 Business Membership)
3. Additional Business Member \_\_\_\_\_ DOB \_\_\_\_\_  
 Additional Business Membership \$15.00 each Last Name First Name Month/Day

Please Note Additional Business Members Here: Include First/Last Name and DOB w/Month/Day Only

Business Name: \_\_\_\_\_

Please Check One:  Child Care Business Name  Advocates, Associated with Child Related Agencies  Other

Mailing Address \_\_\_\_\_ Physical Address (if different) \_\_\_\_\_

Mailing City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Physical City/Zip \_\_\_\_\_

Phone #'s: Business \_\_\_\_\_ Home \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address: \_\_\_\_\_

Please Check One:  Add to Mailing List (All Correspondence)  Email Newsletter Permission Only  Updates Only

I am a Family Child Care Provider.  Yes  No

(If you answered YES to the above question, please answer the questions on Part A & B of this forms; if not please answers the questions on Part C. Thank you!)

### PART A PROFESSIONAL STATUS

- Approved Provider
- Licensed Provider
- AK State Business License
- NAFCC Accredited Provider
- Certified Master Provider

Other (Please indicate) \_\_\_\_\_

### EDUCATION

- First Aid certificate
- Infant/Child CPR certificate
- Child Development Associate certificate
- Early Childhood Development certificate
- AA Early Childhood
- BA, BS Early Childhood

*"For the Love of Kids"*

**PART B Business Information**

**Operating Days (Within License)** \_\_\_\_\_ to \_\_\_\_\_  
 Monday - Friday  7 days a week  
 Sat/Sun (All)  Sat/Sun (Occasional)

**Licensed/Approved Days** \_\_\_\_\_ to \_\_\_\_\_  
 Monday - Friday  7 days a week  
 Weekends Only

**Operating Hours (Within License)** \_\_\_\_\_ to \_\_\_\_\_ **Hours Licensed/Approved** \_\_\_\_\_ to \_\_\_\_\_  
(Please Note Hours you prefer to take children, if different from License. Example Licensed 24 hours, but only want children 6am to 6pm, with occasional evenings available.)

**Other Services**  Drop-In  Holidays  In-Service/School Holidays

**License Specializations**  Night-Time Care Note Other: \_\_\_\_\_

**Other Referral Information**

Facility Location: Nearest Main/Cross Roads \_\_\_\_\_  
Please Note Directions to Facility

Nearest Elementary School \_\_\_\_\_ Middle School \_\_\_\_\_  
Do you provide School Transportation?  Yes  No Are you a Before/After School Program?  Yes  No  
If no, Nearest bus stop location \_\_\_\_\_ Do you walk kids to bus stop?  Yes  No  
Please Note Program Description

**Membership Referral** (Free w/ Membership) Put me on the referral list:  Yes  No

**Referral Advertising** (Free in Newsletter/Website, Members responsibility to update.)

I have openings in my facility at this time.  
\_\_\_\_\_ # of Openings under 30 months of age \_\_\_\_\_ # of Openings over 30 months of age  
 I do not have any openings in my facility at this time.  
Please note when next available opening may occur (if known)

**AFCCA is the proud sponsor of the AFCCFP, an USDA Child Adult Care Food Program.**

Do you participate on a Food Program?  Yes  No Agency Name \_\_\_\_\_  
If No, would you like more information?  Yes  No Can we refer you to AFCCFP?  Yes  No

**PART C** Not a Family Child Care Provider, Please check one of the following.

Parent/Guardian  Advocate  Advocate Support Agency  Other, Please Note:

We encourage you to use this space to tell us more about yourself, your business, or your organization:

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- Membership Information**  **Individual/Advocate Membership** \$ 30.00 (single membership)
  - Business Membership** \$ 45.00 (2 Person/same address: ex: group home)
  - Additional Business Memberships** \$ 15.00 (w/Business Membership, Each)
  - AFCCFP Participate \$5.00 Discount** (Please Note: Individual \$25.00 Business \$40.00)

**Tax Deductible Contribution**  
 \$5  \$10  \$15  \$20  Other (please fill in) \$ \_\_\_\_\_

Mail this form and payment payable to **Alaska Family Child Care Association** to:

**Alaska Family Child Care Association**  
2207 E. Tudor Road, Suite 34/36  
Anchorage, Alaska 99507

For further information: 907-258-5436 KIDO  
Website: [www.alaskafcca.org](http://www.alaskafcca.org)  
Email: [afcca@alaskafcca.org](mailto:afcca@alaskafcca.org)