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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 \$35.00 Last Name First Name Month/Day
 Business Membership \$50.00 (2 Persons)
2. Business 2nd Member _____ DOB _____
 (First 2 Persons Included in Last Name First Name Month/Day
 Business Membership must work at the same family child care home)
3. Additional Business Member _____ DOB _____
 Additional Business Membership \$20.00 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:

Membership Information ___ **Individual/Advocate Membership** \$ 35.00 (single membership)
___ **Business Membership** \$ 50.00 (2 Person/same address: ex: group home)
___ **Additional Business Memberships** \$ 20.00 (w/Business Membership, Each)
___ **AFCCFP Participate \$5.00 Discount** – Must currently be participating on Alaska Family
Child Care Food Program to be eligible for this discount.
(Please Note: Individual \$30.00 Business \$45.00 additional Business Membership \$20.00)

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 For further information: 907-258-5436 (KIDO)
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