

2024 Membership / Support Application

Complete Application

Provider or Director Name:			
DBA or Program Name:			
Main Address:			
	Phone:	FAC ID#:	
City Zip			
E-mail:		(to receive training reminders)	
Website:		YES I authorize posting this link)	
	inual Members from the date red	ship Fees ceived to the following year)	
Community Supporters (Your donation supports Child Care Solutions services.			
\$ Specify Your Amount			
Professional Membership (s	elect one)		
\$25 CDA Students	\$25 CDA Students		
\$25 FDC - Family Child Care Home (includes 2 alternates)			
Alternates:\$40 GFDC - Group Family Child Care Home (includes 3 alternates)			
Alternates:			
\$55 Small Child Care/Earl (see reverse for m	-	gram (one site only – 5 or fewer staff) ts)	
\$100 Lrg Child Care/Early Education program (one site only - over 5 staff) (see reverse for multi-site discounts)			
Payable to: Child Care Solution Mail to: 6724 Thompson Rd		/ 13211	
	OFFICE USE ON	ILY	
Date Rec	Amour	nt \$	
Cash / Check / MO #	Visa / 1	MC / Disc #	
Membership Exp	Membership Exp Member ID		

MULTIPLE-SITE DISCOUNTS Child Care Centers & Large Programs (with over 5 staff) Annual Fee Schedule starts at: \$450 3 sites \$240 6 sites 7 sites 4 sites \$320 \$490 5 sites \$375 8 sites + \$560 (capped at 9 sites) School-Age & Small Child Care Programs (with 5 or fewer staff) **Annual Fee Schedule starts at:** 3 sites \$132 6 sites \$248 4 sites 7 sites \$176 \$289 5 sites \$207 8 sites + \$330 (capped at 9 sites) Please provide site information below: FAC ID# _____ Contact Person _____ Site Name ______ Site Address _____ Fax # _____ Main Phone # _____ FAC ID# _____ Contact Person _____ Site Name _ Site Address _____ Fax # _____ Main Phone # _____ FAC ID# _____ Contact Person ____ Site Name Site Address _____ Fax # _____ Main Phone # _____ FAC ID# _____ Contact Person _____ Site Name Site Address _____ Main Phone # _____ Fax # _____ FAC ID# _____ Contact Person _____ Site Name _____ Site Address _____ Fax # _____ Main Phone # _____

(copy this page for additional site locations)

Fax # _____

FAC ID# _____ Contact Person ____

Site Name

Main Phone # _____

Site Address _____