



Central Florida Association for Family Child Care

P.O. Box 5490, Winter Park, FL 32793-5490

“promoting quality and excellence for family child care” Established in 1989

MEMBERSHIP APPLICATION

Date: _____ Provider _____ Advocate _____ New _____ Renewal _____

Name _____ Phone _____

Address _____ County _____ Date of Birth _____

City _____ Zip _____ E-mail _____

Black _____ Hispanic _____ White _____ Asian _____ Other _____

CFAFCC does not discriminate against any person because of race, sex, color, national origin, age, or handicap.

Florida Dept. of Children & Families: please provide copy of certification(optional)

Registration # _____ License # _____ Large FCC License # _____

in process with DCF for Registration _____ or License _____ please call membership when you receive your DCF number

Please check the type of child care offered in your home: Hours of operation _____

_____ Infant _____ Before & After School _____ Evening _____ Overnight

_____ Toddlers _____ Summer Camp _____ Sunday _____ Saturday

_____ Preschool _____ Special Needs _____ VPK _____ 24 Hour Care

Credentials: Please provide a copy of your credentials(optional)

_____ CDA Credential _____ Early Childhood Degree _____ Master Provider Level # _____

_____ NAFCC Accredited _____ Second Helping _____ 4C Food Program

_____ Florida Certified Mentor _____ Years in Child Care _____ Director Credential

Check if you are interested to attend any of the specialized trainings classes that we offer

Clock hour certificates are issued for those listed below and at trainings held at our general meetings

_____ New Member orientation _____ CPR/First Aid _____ Second Helping

_____ Association Development _____ Team Building _____ Cuatro Pasos

_____ **I would like to donate a few hours of my time to help the local association**

ATTENTION: CFAFCC AND FFCCHA Inc.

You must complete and sign application, please make sure that your annual renewal fee is paid at least one month prior your due date to eliminate being dropped from the membership list. To qualify for state scholarships, you must be a member for the past 12 months without a lapse of dues. Your membership cards will be arriving within the next 30 business days. NAFCC cards arrive separately.

Dues are \$70.00 annually (tax deductible as a business expense): includes membership in National Association for Family Child Care (**NAFCC**), Florida Family Child Care Home Association (**FFCCHA Inc**) and Central Florida Association for Family Child Care (**CFAFCC**).

Name Badge with flower logo \$6.50 ___ No ___ Yes Name on Badge _____

CFAFCC T-shirt Adult \$10 ___ XL ___ L ___ M Child \$6 ___ S ___ M ___ L Total check enclosed \$ _____

Please pick up your purchased items at the next CFAFCC meeting.

SIGNATURE FOR BOTH CFAFCC(local) and FFCCHA Inc.(state) _____

Make check or a money order payable to:/Favor hacer cheque o giro postal a nombre de: CFAFCC

Mail to/ y enviar a CFAFCC P. O. Box 5490, Winter Park, FL 32793-5490

For information on membership call/Para información de membresía, llame a VP Membership, Angie Ortiz 407-323-3761

(OFFICE USE ONLY) Amount: \$ _____ Check # _____ Date received _____ Initials _____

ALTERING OF THIS DOCUMENT IS STRICTLY PROHIBITED Revised 2/2008