



2020 Membership Form

Organization _____

Name _____

Title _____

Address _____

City _____

State _____ Zip Code _____

Phone _____

Email _____

Website _____

Please note: If this form is for a registered or licensed program the director or provider name should be listed above.

Membership Category

Group Family Child Care Provider \$50.00
(One site up to 3 staff members)

1. _____
2. _____
3. _____

Center Based
(All employees in program)

- Early Childhood Center
- Nursery School
- Pre - K Program
- School Age Program

\$4.00 x # of Children _____
\$4 per child at licensed capacity up to \$500 max

Family Child Care Provider \$40.00
(Applicant plus one staff member)

1. _____

Individual \$40.00
 Non-Profit Employee Other
(parent, supporter, etc.)

Check/Money Order
(Payable to the Child Care Council of Westchester)

Billing Address

Credit Card
 Mastercard Visa Amex

City _____

Card Number _____

State _____ Zip Code _____

Exp. Date _____ / _____ CVV _____

Amount _____ Signature _____

Mail completed form and payment to:



The Child Care Council of Westchester
313 Central Park Avenue, Suite 4
Scarsdale, New York 10583
or fax to: (914) 885 - 1110

Register Online: www.childcarewestchester.org