



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.)

Payment Options

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

☐ **Credit Card**
☐ Mastercard ☐ Visa ☐ Amex

Card Number _____

Exp. Date ____ / ____ / ____ CVV ____

Amount _____

Billing Address

City _____

State _____ Zip Code _____

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