

Charles County Family Day Care Association, Inc.
(CCFDCA, Inc.)
1282 Smallwood Drive, West Suite 122
Waldorf, MD 20603
PAL Line: 301-645-0534
www.chcfdca.org
Email – chcfdca@gmail.com

One-year Membership Application - (January 1st -
December 31st)
Waiver & Provider Access Line (PAL) Registration

Our goals are to promote the professional growth of family childcare providers and to increase and improve public awareness of Family Child Care Providers as Professionals. Because we have taken an initiative role of advocate for our profession, we now have an active voice with County, State, and Federal Legislators in the State of Maryland.

There are many benefits in becoming a member of the CCFDCA, Inc. We pledge to assist you in initiating your family childcare business, through networking and support in the areas of advertising, contracts, and other related childcare issues. We encourage professional growth and development by advocating and initiating low cost or free training. We will be mentors, provide support, and serve as champions on behalf of our members. We will keep members abreast of changing issues and current events in childcare, including meetings, training, and social activities. We offer a free notary service, and quarterly newsletters. We encourage the use of the "Providers Access Line (PAL) (a current certificate of registration must be on file), where your information is provided to help you increase your businesses enrollment. We will also include your name and business in an area provider directory. A portion of your yearly membership fees includes your membership into the Maryland State Family Child Care Association (MSFCCA).

Associate Members are those who have not completed the registration process through the Maryland State Department of Education, Office of Child Care (OCC). However, they may benefit from

participating in our training, meetings, social activities and other limited benefits of a registered member. They may not hold office, vote, or participate in "PAL", or information on the website.

A one-year membership is \$45.00 for all members. Members who hold a dual registration are required to pay \$45.00 for the first person and \$40.00 for each additional co-provider. These fees may be paid by cash, Pay Pal, money order or personal check. There will be a return check fee of \$35.00 plus the amount of the check for any returned checks. A copy of your current MSDE OCC certificate of registration, a completed membership application, and membership fee should be mailed to:

CCFDCA, Inc. C/O Membership
1282 Smallwood Drive West Suite 122
Waldorf, MD 20603
301-645-0534

Make Checks payable to: Charles County Family Day Care Association, Inc. (CCFDCA, Inc.)

One-Year Membership Application, PAL Registration, & Waiver Form

One Year Membership Application - January 1st thru December 31st

A COPY OF YOUR OCC REGISTRATION MUST ACCOMPANY THIS PAYMENT

I _____, hereby grant the CCFDCA, Inc. permission to place generic/general information regarding my family child care business on their webpage and to give out the same information over the telephone for the Provider Access Line (PAL). I understand that this is for the sole purpose of providing potential clients an additional avenue of contacting me regarding childcare services. By signing this wavier, I agree not to hold the CCFDCA, Inc. or the CCFDCA, Inc. board accountable or responsible for any actions resulting from the release of my information.

No, I do not wish for my information to be listed on the CCFDCA, Inc.'s Webpage.

No, I do not wish for my information to be given to parents that may call for the Providers Access Line (PAL).

MEMBERSHIP APPLICATION

Name: _____

Current Address: _____

Child Care Facility Name: _____

Today's Date: _____

Birth Month: _____

Home Phone: _____

Cell Phone: _____

Personal Email: _____

EMAIL IS REQUIRED TO RECEIVE QUARTERLY NEWSLETTER, TRAININGS & OTHER INFORMATION

Membership Type: New Member Renewal Associate Member

Accredited: Yes No

Credentialed: Yes No Level: _____

Hours: _____

School Drop Off: Yes No

School Pick Up: Yes No

Current Openings (Check all that apply):

Under 2 Over 2 Both

Neighborhoods:

Name(s): _____

School District:

Name(s): _____

Other Approved Care Types (Check all that apply):

Weekends Evenings 24 hours Part Time Drop-In Infants

Substitute Care Planning Council (Food Program) Social Services Special Needs

How can the CCFDCA, Inc. assist you? _____

What contributions can you offer CCFDCA? (Volunteer, Special skills, etc.)?

Would you like to volunteer? (check all that apply): Phone Tree Snacks Assisting with Annual Conference Provider Appreciation Day

CCFDCA USE ONLY:

Date Received: _____ Membership Date: _____ Check/Cash: _____

License #: _____ License Expiration: _____ State Card #: _____