

Ventura County Child Care Association

Year 2024 – Membership Form

Annual dues are reduced for 2024 - \$36.00 per calendar year



PLEASE PRINT YOUR INFORMATION BELOW

This form must accompany your check

In Accordance with our By-Laws Article 3 – Membership ~ Section 4 – Dues

Renewing memberships not paid by January 17th shall be considered lapsed; no longer receiving benefits of membership.

Name of Provider: _____ **Facility Name:** _____

Street Address: _____ **City:** _____ **Zip Code:** _____

Contact Phone:(_____) _____ **State Facility Lic. No.:** _____

Website: _____ **E-Mail Address:** _____

Capacity: _____ **Hours:** _____ **Part-Time/Drop In Care:** _____ **Weekend Care?** _____

Vacancies: _____ **Ages Preferred:** _____ **Do You Take Infants:** _____ **Preschool Program:** _____

Before/After School Care: _____ **Transportation:** _____ **CDR/Subsidized Payment:** _____

Bilingual Language: _____ **Nearest Area Schools:** _____

Additional Info: _____ **Birthday Month:** _____

SUGGESTED MEETING TOPICS / SPEAKERS: _____

As a Member of the Ventura County Child Care Association

A VALID E-MAIL ADDRESS IS REQUIRED

- *I understand that newsletters and other communication will be submitted by e-mail only. All time-sensitive bulletins will be sent via special email-blasts.*
- *I understand that General Meetings will be held the third (3rd) Tuesday of Jan. April, July, and Oct when possible. Otherwise ZOOM Meetings will be made available as needed.*
- *I understand that it is my responsibility to keep my VCCCA Website Listing information current and accurate so that parents will be able to contact me via e-mail directly.*
- *I agree to **be responsive** to all childcare inquiries/referrals, either by e-mail or phone, in a timely manner and always refer back to VCCCA members if I am unable to accommodate a child care request. Support Our Members!*

Would you like to be listed as a member on our WEBSITE for **DIRECT PARENT CONTACT?**

____ Yes, please include my FIRST NAME/LAST INITIAL, PHONE, EMAIL & WEBSITE ADDRESS as above.

→ **NEW MEMBERS:** Please attach a copy of State Facility License

Print and Mail completed form along with your check payable to VCCCA:

VCCCA c/o Treasurer
5235 Mission Oaks Blvd. Ste. 343
Camarillo, Ca. 93012

VISIT and USE OUR WEBSITE AT: www.VenturaCountyChildCare.com