



Organization _____

Name _____

Title _____

Address _____

City _____ State _____ Zip _____

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
(Applicant plus two staff members)

1. _____

2. _____

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

1. _____

Center Based
(Covers all employees in program)

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

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

\$4.00 x # of licensed capacity _____

\$4 per child at licensed capacity up to \$500 max

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 _____

*Your payment information is safe and secure. For questions about payments to the Council, please contact our finance office at 914-761-3456 x163.

Mail completed form with payment to:
 The Child Care Council of Westchester
 313 Central Park Avenue, Suite 4, Scarsdale, NY 10583
 Or Fax to (914) 885-1110