



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 **\$10.00**
(One site up to 3 staff members)

1. _____

2. _____

3. _____

Family Child Care Provider **\$5.00**
(Applicant plus one staff member)

1. _____

Individual **\$5.00**

Non-Profit Employee Other
(parent, supporter, etc.)

Center Based
(All employees in program)

Early Childhood Center

Nursery School

Pre - K Program

School Age Program

Organization **\$25.00**

\$1.00 x # of Children _____

\$1 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 _____

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