



Centreville-Chantilly Child Care Connection



Membership Form

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

SCHOOL DISTRICT: _____

CHILD CARE HOURS: _____

CHILD CARE AGES: _____

DO YOU TAKE SUBSIDY CHILDREN? YES NO

DO YOU TAKE SPECIAL NEEDS CHILDREN? YES NO

DO YOU BELONG TO THE USDA FOOD PROGRAM? YES NO

OTHER INFORMATION:

PETS: YES NO

EVENING: YES NO

IF YES, WHAT KIND: _____

PART TIME: YES NO

WEEKENDS: YES NO

HOLIDAYS: YES NO

BACK UP: YES NO

DROP IN: YES NO

DATE JOINED: _____

AMT PAID: _____ CASH: _____ CHECK#: _____

COPY OF LICENSE RECEIVED: YES NO