

PANHANDLE AREA CHILD CARE SERVICES

Our association strives to supply our child care providers with continuing education, and training to maintain their State License, as well as to promote professionalism among those choosing child care as a career

MEMBERSHIP APPLICATION

Name: _____

Program Name: _____

Days/Hours of operation: _____

Address (physical & mailing): _____

Home #: _____ Work #: _____ Cell #: _____

E-Mail: _____

Website: _____

Birthday: _____ Wedding Anniv. : _____

Licensing Anniv. : _____

MEMBERSHIP STATUS: _____ New Member _____ Renewal

ARE YOU: _____ Licensed _____ Licensed Exempt _____ Other

ARE YOU A CACFP member? _____ Yes _____ No

I would like more information about: (check all that apply)

_____ Licensing _____ Food Program (CACFP) _____ Accreditation

_____ Child Development Associate (CDA) _____ T.E.A.C.H Scholarship

_____ Being a PACCS board member _____ Other (please specify):

Individual Membership dues are \$25.00/year

Group Membership dues are \$40.00/year

Please submit this application and your check payable to:

Panhandle Area Child Care Services

P.O. Box 982 ~ 448 North Morehead, Chadron, NE 69337

308-430-5447 ~ email: PanhandleACCS@yahoo.com