



Individual – Non-Child Care Membership

\$35.00/yr.

- Loan privileges at the Early Childhood, and Professional Libraries
- Library card and loan privileges at My First Library for your own children between the ages of 6 weeks thru 5 years
- Free Notary Public Services
- Council Pin, Lanyard, Foldable Tote Bag or Carabiner key tag

**Child Care Center Staff Member Registered Family Child Care Provider Membership.
or Legally Exempt Child Care Provider Membership**

\$50.00/yr.

All benefits above plus:

- 50% discount on Business Center services
- 10% membership discount every Tuesday on all Recycle Shop purchases
- Access to group rate Health and Dental Insurance
- Substantial member savings on Council offered classes and events

Single Site Group Family Child Care Provider or Non-Child Care Organization Membership

\$75.00/yr.

All benefits above plus:

- Substantial member discount on in-service training at your location
- \$5.00 discount on individual staff memberships in the Child Care Council
- Substantial discount on Council classes and events for provider and assistants.

**Child Care Center, Nursery School, School-Age,
Multi-Site Group Family Child Care Membership**

\$150.00/yr. (up to 10 staff members) **\$250.00/yr.** (20-30 staff members)

\$200.00/yr. (11-20 staff members) **\$300.00 /yr.** (30+ staff members)

All benefits above plus:

- Substantial discount on the Individualized Training Program and In-Service Sessions
- All staff members eligible for substantial member savings on Council classes and events



Annual Membership Application

- Individual Non-Child Care (\$35) Center Staff or Family Provider (\$50)
- Single Site Group Family Child Care Provider or Non-Child Care Organization (\$75)
 - CACFP Family Provider (\$25) CACFP Group Provider (\$37.50)
 - Center Nursery School School-Age Multiple Site Group Family
- Up to 10 staff members (\$150) 11-20 staff members (\$200) 20-30 staff members (\$250) 30+ staff members (\$300)

Current membership # _____

New Membership _____ **Renewal Membership** _____

Please select: Council Pin Lanyard Foldable Tote Bag Carabiner Keytag

Name _____ Home Phone () _____

Home Address _____ City _____ Zip _____

Center/Organization _____ Phone _____

Address _____ City _____ Zip _____

Amount Enclosed: _____ (check) MC/Visa# _____ Exp. _____

Signature _____

*Please mail form and payment to: Child Care Council Membership * 595 Blossom Road, Suite 120 * Rochester, NY 14610*