



Riverside County Family Child Care Association is a professional association dedicated to promoting quality family childcare through support and education.

MEMBERSHIP BENEFITS WITH RCFCCA INCLUDE:

- To promote opportunities advancement and high quality standards of family child care providers as professionals in the field by offering trainings and support.
- Promote community awareness and public acceptance
- To communicate pertinent and updated information about new child development trends and changes in state regulations.
- To provide a referral network to assist parents of RCFCCA in their search for licensed child care
- To give members an opportunity to vote on matters of the association
- To provide unity, resources and networking links between other Family Child Care Providers and Child Development organizations.
- To provide information and assistance to new and prospective family child care providers to help them operate their facility as professionals
- To provide information to parents and providers regarding issues of child development
- To provide an informational newsletter via our website.
- To assist Family Child Care Providers in the Accreditation Process.

**Mail application, Referral form, payment and copy of your State issued Family Childcare license to:
RCFCCA Post Office Box 55162, Riverside Ca 92517**

Application for Membership to RCFCCA

For a one-(1) year membership: Please enclose a check or money order for the amount indicated below (non-refundable), made payable to RCFCCA. A \$25.00 service fee will be charged for all returned checks. Please allow 2-4 weeks for your membership to be processed
Please check one.

New membership \$35.00_____ Renewal \$35.00_____

Name: _____ Phone: (_____)_____

Address: _____

City, State, Zip: _____

Email Address: _____ Fax(_____)_____

Birthday: Month _____ Day _____

Capacity: 8 _____ 14 _____ License # _____

Meeting Reminder: Phone:___ Email___

Experience is not required for all positions:
RCFCCA is a volunteer Association. Would you like to join a committee to assist with any of the following?

Workshop _____ Newsletter _____ Public Relations _____

Board Position _____ Education _____ Fundraisers _____
Presentations _____ Hospitality _____

Do you wish to be assigned a Mentor Provider for guidance: _____ Yes _____ No

Office Use: Received by: _____ Date: _____ Check No. _____ Mbr. No. _____