

# Application for Membership

Please print clearly:

Complete all information and sign/date form

Name: \_\_\_\_\_ phone:(     ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ zip: \_\_\_\_\_

Licensed capacity: small \_\_\_\_\_ large \_\_\_\_\_

\_\_\_\_\_ associate membership (not a licensed provider, have child related interest)

signature: \_\_\_\_\_ date: \_\_\_\_\_

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## MEMBER STATUS

A) NEW MEMBER @ \$50.00 \_\_\_\_\_

b) \*RENEWING MEMBER @\$40.00 \_\_\_\_\_

MEMBERSHIP EXPIRES \_\_\_\_\_

C) ASSOCIATE MEMBER @ \$25.00 \_\_\_\_\_

D) BOARD MEMBER POSITION \_\_\_\_\_

\*RENEWING MEMBERS: A \$10.00 SERVICE FEE REQUIRED IF RENEWAL APPLICATION IS RECEIVED AFTER EXPIRATION MONTH. LATE RENEWAL MAY DISRUPT MEMBERSHIP BENEFITS, INCLUDING REFERRALS, NEWSLETTER, ETC.

MEMBERSHIP EFFECTIVE FROM: \_\_\_\_\_ TO: \_\_\_\_\_

## MEMBERSHIP BENEFITS

MAY ATTEND MEETINGS SCHEDULED 1<sup>ST</sup> & 3<sup>RD</sup> TUESDAY OF THE MONTH (SUPPORT/SPEAKER)

MAY ATTEND SOCIAL FUNCTIONS OF FCCN

WILL RECEIVE MONTHLY NEWSLETTER

WILL BE ADDED TO THE FCCN REFERRAL LIST (1-800-KIDLINE)

MAY CHOOSE TO BE INCLUDED ON FCCN WEBSITE DIRECTORY

WILL RECEIVE A DIRECTORY OF FCCN MEMBERS' NAMES/CITY PHONE NUMBERS  
USED FOR FCCN BUSINESS ONLY

# Application for Membership

New and renewing members, please submit items checked for the processing of your membership:

1. \_\_\_ this application completed front and back
2. \_\_\_ a copy of your state license, if license effective date is one year from date of application; also include requirements listed under #3.
3. \_\_\_ a copy of the current "annual State License Fee Notice", and one of the following items: signed receipt and dated by state personnel or copy of the front and back of cancelled check paid to department of social services.
4. \_\_\_ a check payable to Family Child Care Network (FCCN) in the amount based on you membership status. (Please refer to front of application for applicable fees.)

Verify that all information has been completed and enclose all required documents. Mail completed form to:

Minoo Jelveh  
1518 Stonewood Ct.  
San Pedro, CA 90732  
(310) 831-4445

All incomplete applications will be returned to originator. This may disrupt/delay membership benefits.

Note: a \$10.00 fee will be charged on all returned checks.

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please do not write in this section:

date sent: \_\_\_\_\_ date returned \_\_\_\_\_

receipt# \_\_\_\_\_

application for: new membership \_\_\_\_\_ renewal \_\_\_\_\_

**1-800-KIDLINE Referral Service**

Please complete this form for the referral service. PLEASE PRINT CLEARLY

Member of FCCN since: \_\_\_\_\_

month & year

Name

Address

City

Phone

How many openings do you have?

Licensed for:

(6) (8) (12) (14)

Age of children you will care for:

\* Newborn (birth to 6 mos.) Yes \_\_\_\_\_; No \_\_\_\_\_

From what age? \_\_\_\_\_ to \_\_\_\_\_ years of age

Type of care: Please check all that apply to your day care.

Full time

Part time

Drop-in

Evenings

Weekends: Saturday & Sundays Saturday only

\* Special Needs child (any need) \_\_\_\_\_

\* Special Needs child (mild, depending on the need) \_\_\_\_\_

\* Do you offer any type of program? (i.e., preschool) Yes \_\_\_\_; No \_\_\_\_

\* Do you accept children on a state funded program? (i.e., Gain)

Yes \_\_\_\_\_; No \_\_\_\_\_

Do you speak another language? (i.e., Spanish) \_\_\_\_\_

Do you care for school age children? Yes \_\_\_\_\_; No \_\_\_\_\_

\* Name of elementary school near you: \_\_\_\_\_

Summer? (out of school) Yes \_\_\_\_\_; No \_\_\_\_\_

Your location:

What are you major cross streets? \_\_\_\_\_ &

\_\_\_\_\_

PLEASE RETURN WITH MEMBERSHIP APPLICATION. Mail to Debbie Ray at  
5112 Spencer Street, Torrance, CA 90503

Minoo Jelveh at 1518 Stonewood Ct, San Pedro, CA 90732

## Permission to be Added to FCCN Website Directory

FCCN is expanding our website, [www.familychildcarenetwork.org](http://www.familychildcarenetwork.org). This is paid for by the grant we received from International Child Resource Institute. Here's the plan: when parents are online and using a search engine (ie. Google, Yahoo), they will be able to search "child care *your city name*" and come up with FCCN website which will have our referral list. (Many parents are turning to the internet to locate child care providers.)

**You will be included on FCCN's website referral list only if you authorize us to do so! The permission slip below needs to be signed and returned to Liz Bacalja if you'd like to be included.** FCCN members who return this permission slip will be included when website is updated next month.

Basic Internet Referral Listing will mimic KIDLINE listing: provider's first name only, telephone number, type of service available, and major cross streets (your address will not be listed.) Information for the Basic Internet Referral Listing will come from KIDLINE referral list so if your info needs to be updated, contact Debbie Ray at 310-793-9082.

When you authorize a Basic Internet Referral Listing, then if you choose, you can have a link to your own Provider Mini-Webpage, which parents can click on to find out more about you. On a Provider Mini-Webpage, you (or Liz) will be able to upload details: for instance, your experience and qualifications, photos of your environments and/or children's artwork, your mission statement.

If you have any questions, please call Liz Bacalja at 310-833-5853.

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### Permission Slip to Post and/or Link (Exchange)

Family Child Care Network - South Bay (FCCN)

<http://www.familychildcarenetwork.org/>

FCCN Member Name: \_\_\_\_\_

Provider's License#: \_\_\_\_\_

Provider's Email Address (optional): \_\_\_\_\_

(please print email address clearly)

*Check first item **or** both items. (Cannot check only second item.)*

\_\_\_\_\_ Permission is granted for posting of a Basic Internet Referral Listing for the above referenced person on FCCN website. Posting information will be copied from KIDLINE Referral List.

\_\_\_\_\_ Permission is granted for a link exchange alliance between FCCN website and a Provider Mini-Page to be set up at a later date.

Neither the person nor the organization holds the other liable for content. Either person or organization can cancel this agreement at anytime so long as either person or organization has given written notice of this action.

Neither person nor organization will hold legal action against one another for the use of the URL link exchange.

Above referenced person is currently a member of good standing with FCCN. If FCCN membership expires, then above person will be removed from this website 30 days after expiration.

Website: <http://www.familychildcarenetwork.org/>

Organization name: Family Child Care Network - South Bay

Provider's Full Name: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return with Membership Application to Minoo Jelveh, 1518 Stonewood Ct, San Pedro, CA 90732.

If you have any questions, please call Liz Bacalja at 310-833-5853