



Connections for Family Child Care Application

Name _____
Please print

Business Name _____

Address _____

Phone _____ Cell _____

Email _____

Are you _____ Licensed _____ License Exempt

Are you _____ FCC _____ Group Home

How long have you been in business? _____ less than 1 yr _____ 1-3 yrs _____ 3-6 yrs _____ 6-9 yrs _____ 10+ yrs

How did you hear about this association? _____

Annual membership checks should be made payable to Vicki Celia*

Please submit the completed application and annual membership check to:

Connections for Family Child Care
P.O. Box 523
Batavia, IL 60510-0523

* CFCC is currently seeking incorporation and not-for-profit status; until authorization has been granted, CFCC has given permission to Vicki Celia to handle all incoming cash and checks into an account established for CFCC.

<small>For Office use only</small>		
Paid Check # _____	Paid Cash _____	Date _____
Rec'd by _____	Membership Packet _____	
Membership Secretary _____	Treasurer _____	