

Tampa Home Child Care Providers Association  
 200\_ Membership Application  
 New \_\_\_\_ Renewal \_\_\_\_



Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 License number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Birthday \_\_\_\_\_  
 General location of FCCH (main roads/cross streets, subdivision) \_\_\_\_\_  
 Schools served \_\_\_\_\_

**Please check ALL that apply to your child care business:**

Infants     Voucher Program     Part Time     Food Program     Field Trips  
 Toddlers     Summer Care     Drop In     Subsidized     Special Needs  
 Preschoolers     Evening Care     Curriculum     Weekend Care     Overnight  
 School Age     Other \_\_\_\_\_

**In your home are there any of the following:**

Dogs     Cats     Other Pets \_\_\_\_\_  
 Smokers     Pool (for children's use)     Computers (for children's use)

**Accomplishments:**

National Accreditation     2<sup>nd</sup> Helping     Certified Mentor (Level \_\_\_\_)  
 ECA or Equivalent     Quatro Pasos     Master provider     CDA  
 College Degree (Type \_\_\_\_\_)     Other \_\_\_\_\_

Do you have any special skills or talents or interests that you can share with our members? \_\_\_\_\_

Are you a current paid member of any other local family child care association? \_\_\_\_ no \_\_\_\_ yes (which one \_\_\_\_\_)

*The purpose of Tampa Home Child Care Provides Association (THCCPA) is to provide training, education and support; to improve public relations and to promote professionalism and quality family child care.*

*Benefits include local newsletter, website referral services, resources and access to training and support throughout the year. Annual provider members' dues are \$50.00 with our annual membership running January through December. Initial membership may start at any time and any prorated dues will apply to a new member only.*

Please submit this application for membership along with payment (cash, check or money order) made payable to THCCPA and proof of a current, valid family child care license (if applicable). Verification of license renewal is due at time of expiration.

THCCPA  
 P.O. Box 272453  
 Tampa, FL 33688

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For board verification only:

License Verified By: \_\_\_\_\_ Expiration: \_\_\_\_\_  
 Payment: \_\_\_\_ Cash    \_\_\_\_ Check (number)    \_\_\_\_ Money Order    Date Received \_\_\_\_\_