

CRFHCCA MEMBERSHIP APPLICATION

DHS REGISTERED HOME PROVIDERS ARE WELCOME TO JOIN CRFHCCA

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

YOU ARE: _____ PROVIDER/OWNER _____ SUBSTITUTE/EMPLOYEE

CATEGORY: _____ A _____ B _____ C

Cedar Rapids Family Home Child Care Association Annual Fee is \$36.
Effective for the current year effective: _____ through _____
Members receive quarterly newsletters, parent referrals, and 6 monthly trainings that are DHS approved. In partnership with CCR&R we offer our members 2 hour trainings that are held on the second Monday of the following months from 6:30 pm until 8:30 pm, 6 times per year. Trainings will be held at the Central Church of Christ located at 1500 1st Ave NW in Cedar Rapids during the months of January, February, March, August, September and October.
CRFHCCA is open to all State Registered providers in the surrounding towns and cities. Pre-registration is required to attend a training.
We look forward to contributing to your professional development!

Make check payable to: CRFHCCA
Include a copy of your current DHS Child Care Registration.
Please send your payment to:

Linda Robinson
C/O CRFHCCA
305 Trailridge Rd. SE
Cedar Rapids, Iowa 52403

If you would like a receipt mailed to you please include a SASE.

For more information please call President: Tarra Stangl 319-310-9682

Office Use Only

Date Received: _____
Check # _____
Amount: _____