



Medicine Hat & District Child Care Association

New Membership Renewal of Membership

Date: _____

Name of Child Care Program: _____

Address (including postal code): _____

Telephone #: _____ Fax #: _____

Email Address: _____

Website: _____

Name & Title of Contact Person: _____

Program Information:

Daycare Day Home Preschool Group Family Child Care

Out-of-School Program Other Please specify: _____

Are you a preschool licensed as a daycare? Yes No

Licensed Capacity: _____ (As of March 31) License #: _____

Filled Spaces: _____ (Count the # of children that had hours in your program as of March 31)

Accreditation Status: Yes No In the process

Date of next re-accreditation: _____ # of years accredited: _____

Days of Operation (Circle all that apply): Sun Mon Tues Wed Thurs Fri Sat

Hours of Operation: _____

of Weeks of Operation Per Year: _____

Ages of Children Served: _____

For Office Use Only:

_____ Fee Received _____ License Received

Nationalities of children served

(This information is required by the SEACSFSA on the year-end report. Please estimate.)

Caucasian _____% Black _____% Asian _____%
East Indian _____% Mixed Race _____% Aboriginal _____%

Types of specialized services provided (Check all that apply)

Out-of-School Care

Special Needs (Circle all that apply)

- Speech
- Physical Disabilities
- Behavioral

Respite Other _____

Staff/Provider Information:

(Please indicate the total # of staff or day home providers, including their qualification levels)

Early Childhood Educators/Child Care Workers/Day Home Providers:

Child Development Supervisors (Level 3) _____ Child Development Workers (Level 2) _____

Child Development Assistants (Level 1) _____ Uncertified/Working on Level 1 _____

Educational Assistants:

Child Development Supervisors (Level 3) _____ Child Development Workers (Level 2) _____

Child Development Assistants (Level 1) _____ Uncertified/Working on Level 1 _____

Support Staff (cleaning, cooks, etc.):

Child Development Supervisors (Level 3) _____ Child Development Workers (Level 2) _____

Child Development Assistants (Level 1) _____ Uncertified/Working on Level 1 _____

Office Staff:

Child Development Supervisors (Level 3) _____ Child Development Workers (Level 2) _____

Child Development Assistants (Level 1) _____ Uncertified/Working on Level 1 _____

Membership Commitment

- *Members are required to read and sign the MHDCCA By-laws.*
- *Members are required to send a representative to attend a minimum of 3 meetings per year. Funding will not be granted if attendance is not maintained.*
- *Deadlines for Applications for Funding are non-negotiable.*
- *Funding will only be granted to programs who become members or renew their membership by April 30.*

Membership Fees

- *Membership fees are \$100.00 per child care program.*
- *Separate membership applications must be submitted for program.*
- *Membership is valid until March 31.*
- *Membership fees are non-refundable.*

I have read and understand the above statements: _____

****A copy of the current license or contract must accompany this application.**

****Please attach a brief description of what your program offers.**

Please mail this membership form, a copy of your license, your program description and a cheque to:

**Medicine Hat & District Child Care Association
640 Third Street SE
Medicine Hat, AB
T1A 0H5**

Building a Strong Foundation in Child Care Since 1989

www.mhdcca.com