# NAFCC Accreditation Self-Study Enrollment Form

<table>
<thead>
<tr>
<th>Candidate Information</th>
<th>I would prefer materials in...</th>
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</thead>
<tbody>
<tr>
<td>First Name</td>
<td>English</td>
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<tr>
<td>MI</td>
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<tr>
<td>Last Name</td>
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<tr>
<td>Business Name</td>
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<tr>
<td>Address on License, Registration or Certificate</td>
<td>Phone</td>
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<td>Fax</td>
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<tr>
<td>Mailing Address</td>
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<td>City</td>
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<td>Zip</td>
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<tr>
<td>County</td>
<td></td>
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<tr>
<td>Military Base/Installation</td>
<td></td>
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If an agency is providing technical or financial assistance please list their information below.

Agency/Project Name/Mentor_______________________________ Contact Person____________________
Address_____________________________________________________________________________
Phone_____________________________ Email___________________________________________

Submit form and payment to:

NAFCC
1743 W. Alexander St.
Salt Lake City, UT 84119

Contact NAFCC:
Phone: 801-886-2322
Fax: 801-886-2325
accreditation@nafcc.org
www.nafcc.org
### Payment Information

- **Fees are non-refundable and non-transferable.**

<table>
<thead>
<tr>
<th>Member</th>
<th>Non-Member</th>
</tr>
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| □ $45  **Membership Renewal Fee**  
New members must complete the attached membership application or apply online at www.nafcc.org | □ $450 **Self-Study Enrollment Fee**  
All Self-Study Kits include a box kit with the printed materials and an online portal with the same publications in digital format |
| □ $315  **Self-Study Enrollment Fee**  
All Self-Study Kits include a box kit with the printed materials and an online portal with the same publications in digital format |  |
| □ $945  **Accreditation Fee Package**-A $55 SAVINGS!  
Includes Self-Study, Application and Annual Renewal Fee | □ $1340  **Accreditation Fee Package**-A $85 SAVINGS!  
Includes Self-Study, Application and Annual Renewal Fee |

**Total amount** $__________

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A personal check is enclosed. Check #_____________  
Make check payable to: NAFCC Accreditation

- **My accreditation fees are being paid by**  
  - □ Agency/Project (specify)__________________________  
    - □ Army  □ Navy  □ Air Force  □ Other (specify)__________________________

- Card # ____________________________  
  Expiration Date _____________

- CVC (ie: 347) _________

- **Name on Card (please print)**

- **Billing Address**
  - City
  - State
  - Zip

- **Signature**__________________________________________
NAFCC Membership Application

First Name ___________________________ Middle ___________________________ Last Name ___________________________

Name of Business, Agency or Child Care Association ____________________________________________________________

Mailing Address ______________________________________________________________________________________________

City ___________________________ State ___________________________ Zip ___________________________ County ___________

Phone (___) ___________ Fax (___) ___________ Email ___________________________

Military □ No □ Yes  If yes, branch: □ Air Force □ Army □ Coast Guard □ Navy □ Marines

Base/Installation ___________________________________________________________ Country ___________________________

How did you hear about NAFCC? □ Colleague □ R&R □ Association □ Publication □ Website □ Other ___________________________

Are you a member of a child care association? □ Yes □ No □ Local □ State □ National List: __________________________________

What association benefits interest you? □ Training □ Advocacy □ Newsletter □ Discounts □ Other ___________________________

Are you a Family Child Care Provider? □ Yes □ No  Enrollment Capacity: Infants □ 1-2 □ 3-4  Toddlers □ 1-4 □ 5-8

Preschoolers □ 1-4 □ 5-8  School-age □ 1-4 □ 5-8 □ 9+

Are you a Family/Group Child Care Provider? □ Yes □ No  Enrollment Capacity: Infants □ 2 □ 4 □ 6 □ Other_____

Toddlers □ 4-7 □ 8-10 Preschoolers □ 4-7 □ 8-10

School-age □ 4-7 □ 8-10 □ 11+

Check all that apply: □ Licensed □ Registered □ Certified □ Credential □ Accredited □ CDA □ Other ___________________________

Are you a CACFP Participant? □ Yes □ No

Are you an employee of an agency? □ Yes □ No  If yes, please specify □ R&R □ CACFP □ Licensing □ Other ___________________________

Are you an officer or staff of an association? □ Yes □ No  If yes, please specify □ Local □ State □ National

Are you an Accreditation Observer? □ Yes □ No

Only for Demographic Information

How would you describe yourself? (Please select only one race.)

□ American Indian or Alaskan Native

□ Asian or Pacific Islander

□ Black, not of Hispanic origin

□ Hispanic

□ White, not of Hispanic origin

□ Male □ Female

Are you fluent in English? □ Yes □ No  Fluent in Spanish? □ Yes □ No

Fluent in any other language? □ Yes □ No  Specify ___________________________

Years child care experience: □ 1-5 □ 6-10 □ 1-15 □ 6-20 □ 21-30 □ 31+

Education: □ Less than High School □ High School Diploma □ Some College □ Associate Degree □ Bachelors Degree □ Masters Degree

□ Doctorate Degree □ Other ___________________________

Age: □ 18-24 □ 25-29 □ 30-39 □ 40-49 □ 50-59 □ 60+

Income: □ Less than 15,000 □ 15,000-30,000 □ 30,000-45,000

□ 45,000-60,000 □ 60,000-75,000 □ 75,000-90,000 □ 90,000+

Would you be interested in serving on any of the following NAFCC Committees? (Check all that apply.)

□ Accreditation □ Association Support & ALI □ Conference □ Diversity and Inclusion □ Fundraising

□ Historian □ Membership □ Newsletter □ Nominations □ Organizational Development

□ Professional Development (PDI) □ Public Policy □ Public Relations □ Regional Representatives