



NAFCC Accreditation Self-Study Enrollment Form

Candidate Information		
First Name	MI	Last Name
Business Name		
Address on License, Registration or Certificate		Phone
		Fax
Mailing Address		Email
City	State	Zip
County		Country
Military Base/Installation		I would prefer materials in... <input type="checkbox"/> English <input type="checkbox"/> Spanish
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.

<p>Member</p> <p><input type="checkbox"/> \$45 Membership Renewal Fee New members must complete the attached membership application or apply online at www.nafcc.org</p> <p><input type="checkbox"/> \$315 Self-Study Enrollment Fee</p> <p><input type="checkbox"/> \$945 Accreditation Fee Package-A \$55 SAVINGS! Includes Self-Study, Application and Annual Renewal Fee</p> <p>CHOOSE YOUR KIT</p> <p><input type="checkbox"/> eSelf-study (online kit)</p> <p><input type="checkbox"/> Boxed Kit (printed materials)</p> <p><input type="checkbox"/> Both (add \$125)</p> <p><input type="checkbox"/></p> <p>Total amount \$ _____</p>	<p>Non-Member</p> <p><input type="checkbox"/> \$450 Self-Study Enrollment Fee</p> <p><input type="checkbox"/> \$1340 Accreditation Fee Package-A \$85 SAVINGS! Includes Self-Study, Application and Annual Renewal Fee</p> <p>CHOOSE YOUR KIT</p> <p><input type="checkbox"/> eSelf-study (online kit)</p> <p><input type="checkbox"/> Boxed Kit (printed materials)</p> <p><input type="checkbox"/> Both (add \$150)</p> <p><input type="checkbox"/></p> <p>Total amount \$ _____</p>
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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) _____

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard # _____	Expiration Date _____
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Name on Card (please print) _____

Billing Address _____

City _____	State _____	Zip _____
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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.)

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Accreditation | <input type="checkbox"/> Association Support & ALI | <input type="checkbox"/> Conference | <input type="checkbox"/> Diversity and Inclusion | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Historian | <input type="checkbox"/> Membership | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Nominations | <input type="checkbox"/> Organizational Development |
| <input type="checkbox"/> Professional Development (PDI) | | <input type="checkbox"/> Public Policy | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Regional Representatives |