



# 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
<b>If an agency is providing technical or financial assistance please list their information below.</b>		
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><b>Member</b></p> <p><input type="checkbox"/> \$45 <b>Membership Renewal Fee</b> New members must complete the attached membership application or apply online at <a href="http://www.nafcc.org">www.nafcc.org</a></p> <p><input type="checkbox"/> \$315 <b>Self-Study Enrollment Fee</b></p> <p><input type="checkbox"/> \$945 <b>Accreditation Fee Package-A \$55 SAVINGS!</b> 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><b>Non-Member</b></p> <p><input type="checkbox"/> \$450 <b>Self-Study Enrollment Fee</b></p> <p><input type="checkbox"/> \$1340 <b>Accreditation Fee Package-A \$85 SAVINGS!</b> 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   |