



2017 Annual Center Membership Application & Profile

If you operate more than one Child Care Center, please reproduce this form, fill out a membership application and center profile for each Center, and mail them as a group. Please include all centers under common ownership. A copy of your child care license must be submitted with your application. MSCCA is a 501(c)(3) Charitable Organization, EIN:52-1398476

TOTAL NUMBER OF ALL CENTERS IN YOUR ORGANIZATION: _____ Year your center joined MSCCA _____

TOTAL NUMBER OF EMPLOYEES AT THIS CENTER: _____ MD LICENSE NO: _____

LICENSED CAPACITY OF THIS CENTER: _____ FOR PROFIT: _____ NON-PROFIT: _____

ACCEPT CHILD CARE SUBSIDY VOUCHERS (Yes/No): _____ PARTICIPANT IN MD EXCELS (Yes/No) _____

CENTER LISTING CONTACT NAME: _____

TITLE: _____

NAME OF CENTER: _____

STREET: _____

CITY: _____

STATE: _____ ZIP CODE: _____ COUNTY: _____

WORK PHONE: _____ FAX: _____

EMAIL:(Required) _____ Center Website: _____

(Listing your center OR at-home Email contact will assure receipt of important communication)

OWNER'S NAME & ADDRESS (if different from above): _____

MEMBERSHIP DUES FOR CALENDAR YEAR 2017

MSCCA Center Membership and benefits includes all staff as members. Copy your center membership certificate for all staff.
Calculate formula = Licensed capacity (OCC license) x \$3.24
If you are a Published participating program in the MD EXCELS initiative at the time of application for 2017, please deduct 15% off total MSCCA membership dues!

2017 MSCCA Dues (OCC License capacity _____ x \$3.24) \$ _____

~MSCCA has a MINIMUM dues requirement of \$105.00 if your program capacity is under 33 children

~MSCCA has a MAXIMUM dues cap not to exceed \$2000.00 should the same owner have more than 15 centers

MSCCA Passion for Excellence Grant/Scholarship Member Contribution (optional-only MSCCA members are eligible for grant) \$ _____

\$5.00 _____ \$10.00 _____ \$20.00 _____ Other \$ _____ (all donations will go back to our MSCCA programs/providers) \$ _____

National Child Care Association Annual Dues=\$16.00 (Optional) \$ _____

TOTAL \$ _____

Check Enclosed _____ (Please make checks payable to MSCCA) Check # _____

Charge to: _____ VISA _____ MC _____ Amex _____ Account Number: _____

Expires: _____ (required)

_____ CVV Code (Required to include the 3-digit CVV code on the back of your card for VISA - MC Charges, 4 digits on front of card for Amex)

Print Cardholder Name: _____ Zip Code for billing _____ (require)

Print Company name (if it appears on your card): _____

Signature _____ Date _____

Requirements to process and insure membership include the completed application, full payment and a copy of your MSDE Child Care License. Please mail all 3 components to: MSCCA 2810 Carrollton Road, Annapolis, MD. 21403 or Email all requirements to mscca1@comcast.net or apply on website at www.mscca.org Phone: 410-820-9196

Retain a copy for your records