

Resource Center Membership Registration

Membership fee is \$50 per year

Name: _____

Program Name: _____

Address: _____

The above address is my: Home Address
 Work Address

Phone Number: _____

E-mail: _____

Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> I provide care in a center setting | <input type="checkbox"/> I am a center director/administrator |
| <input type="checkbox"/> I provide care in a home setting | <input type="checkbox"/> My home or center is not DCFS licensed |
| <input type="checkbox"/> I care for infants and toddlers | <input type="checkbox"/> I care for preschool aged children |
| <input type="checkbox"/> I care for school-aged children | <input type="checkbox"/> I am a family member and not a care provider |
| <input type="checkbox"/> I am a community member and I work with children | |

I have read, understand, and agree to abide by the CCP Resource Center Membership Policies

Method of payment: _____ Amount enclosed: _____

Please send payment
along with this completed
registration to:

**Community Connection Point
901 S. Spring Street, Suite B
Springfield, IL 62704**