

# LICENSED FACILITY APPLICATION

This form is available in alternate formats upon request or if require assistance filling out the form, please contact [info@mccahouse.org](mailto:info@mccahouse.org)

Select Membership Category:				
<input type="checkbox"/> Centre/Nursery School	<input type="checkbox"/> Annual Full time	\$220.00	<input type="checkbox"/> Annual Part time	\$130.00
<input type="checkbox"/> Family Child Care Provider	<input type="checkbox"/> Single		<input type="checkbox"/> Annual	\$160.00
	<input type="checkbox"/> Group		<input type="checkbox"/> Quarterly	\$180.00 (four \$45.00 installments)

*Applications submitted mid-year will pay a pro-rated amount.*

*Receipts will be issued for membership dues in February for the preceding membership year upon request. Membership fees are non-refundable.*

## Member Information: PLEASE PRINT

<p><b>Name of Facility/Family Child Care Provider:</b> _____</p> <p><b>Mailing Address:</b> _____</p> <p><b>City:</b> _____ <b>Prov:</b> _____ <b>Postal Code:</b> _____</p> <p><b>Phone Number:</b> ( ____ ) ____ - _____</p> <p><b>Email:</b> _____</p> <p><b>Child Care Bridges:</b> <input type="checkbox"/> Digital Copy <input type="checkbox"/> Paper Copy</p> <p><b>Executive Director (if applicable):</b> _____</p> <p><b>Facility Number:</b> _____</p> <p><b>This facility pays for the staff that are MCCA members (check if applicable):</b>  <input type="checkbox"/> Full Membership fees    <input type="checkbox"/> Share fees with employees    <input type="checkbox"/> Staff pay for their membership</p> <p><b>Will you be enrolling in MCCA's:</b>  <input type="checkbox"/> Group Benefits    <input type="checkbox"/> Liability Insurance Program</p>	<p><b>Region:</b></p> <p><input type="checkbox"/> Thompson</p> <p><input type="checkbox"/> Eastman</p> <p><input type="checkbox"/> Central</p> <p><input type="checkbox"/> Interlake</p> <p><input type="checkbox"/> Norman</p> <p><input type="checkbox"/> Parklands</p> <p><input type="checkbox"/> South Central</p> <p><input type="checkbox"/> Westman</p> <p><input type="checkbox"/> Winnipeg</p>
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I agree with and support the mission of the Manitoba Child Care Association: \_\_\_\_\_

Signature Required

To read MCCA's Mission Statement and statement on protection of members personal information go to [www.mccahouse.org](http://www.mccahouse.org)

<p><b>PAYMENT OPTIONS:</b></p> <p><input type="checkbox"/> Cheque Number: _____ Amount: _____</p> <p><input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa / <input type="checkbox"/> Mastercard</p> <p><b>Name on Card:</b> _____</p> <p><b>Card #:</b> _____</p> <p><b>Expiry:</b> ____ / ____ <b>CVV #</b> _____</p> <p><input type="checkbox"/> Etransfer to <a href="mailto:finance@mccahouse.org">finance@mccahouse.org</a> <b>Date sent:</b> _____</p> <p><i>*Please indicate invoice number in the comments/memo box</i></p> <p><input type="checkbox"/> EFT (FCCP QUARTERLY ONLY)</p> <p><i>*Please attach EFT form</i></p> <p><input type="checkbox"/> Cash Amount: _____</p> <p><i>There is a \$25.00 processing fee for all NSF cheques.</i></p>	<p><b>OFFICE USE ONLY:</b></p> <p>Date Received: _____ Amount: _____</p> <p>_____</p> <p>Date Confirmation of License Received: _____</p> <p>_____</p> <p>MCCA Number: _____</p> <p>_____</p> <p>Authorized by: _____</p>
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