



**Membership Sign-Up**

Name: \_\_\_\_\_ DOB M/D \_\_\_/\_\_\_

Business Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Surrounding Location: \_\_\_\_\_ Ages served: \_\_\_\_\_

Phone: \_\_\_\_\_ Years in Childcare: \_\_\_\_\_ Licensed \_\_YES \_\_NO

Please choose a USER \_\_\_\_\_ PASSWORD \_\_\_\_\_ to enter CCS member's area

<b>Type of Childcare Facility</b>	<b>State Licensed</b>	<b># of Years in Childcare</b>
_____ Family Childcare Home I	_____ Yes	_____
_____ Family Childcare Home II	_____ No	
_____ Child Care Center	Accredited Facility ___ Yes ___ No	Child Care License # _____

- Do you carry Child Care Liability Insurance on your business? \_\_\_ Yes \_\_\_ No
- Would you like to be listed in the ChildCare Share Member Directory? \_\_\_ Yes \_\_\_ No
- Do you give you're permission allowing CCS representatives to add your childcare information to the website? \_\_\_ Yes \_\_\_ No
- Are you a Tier I subscriber on *www.Omaha-Childcare.com*? If not, would you like more info on how to advertise as a Tier I subscriber? \_\_\_ Yes \_\_\_ No
- Do you GRANT CCS representatives to link your member box to your Tier I listing (for advertising/referral purposes?) \_\_\_ Yes \_\_\_ No
- Photo, Video, and Media Consent - I grant full permission to Childcare Share, and its members, to take my photograph and use it for purposes to benefit Childcare Share. I understand Childcare Share has no obligation to compensate me in any way for any such use(s). \_\_\_\_\_ /\_\_\_/\_\_\_  

Member Signature

Date

*\*\*Childcare Share is the owner of all photos taken and shall remain the owner of all rights including copyright.*

**Would you be interested in sharing your time and/or talents in any of the following areas?**

\_\_\_\_\_ Advertising/Publicity \_\_\_\_\_ Conference/Community Events \_\_\_\_\_ Fundraising \_\_\_\_\_ Grants  
 \_\_\_\_\_ Hospitality \_\_\_\_\_ Membership \_\_\_\_\_ Welcome \_\_\_\_\_ Mentor \_\_\_\_\_ Newsletter  
 \_\_\_\_\_ Program Design \_\_\_\_\_ Website/Internet \_\_\_\_\_ Other \_\_\_\_\_

Comments \_\_\_\_\_

Individual Membership \$25 \_\_\_\_\_ Membership (12 months) Due Annually

Date Joined \_\_\_/\_\_\_/\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ CK# \_\_\_\_\_  
 Membership Expires \_\_\_/\_\_\_/\_\_\_

Make your checks payable to ChildCare Share.  
 If mailing - Mail Membership Payment to: CCS c/o JoAnn Fryman, 2107 Pilgrim Drive, Bellevue 68123

[www.childcareshare.net](http://www.childcareshare.net)