



MEDICINE HAT & DISTRICT
Child Care Association
www.mhdcca.com

Date: _____

Name of Child Care Program: _____

Name & Title of Contact Person: _____

Address: _____ Postal Code: _____

Telephone #: _____ Cell Phone #: _____

Email Address: _____

Website: _____

Program Information:

Daycare Day Home Preschool Group Family Child Care

Out-of-School Program Other Please specify: _____

Are you a preschool licensed as a daycare? Yes No

Licensed Capacity: _____ (As of January 31) License #: _____

Filled Spaces: _____ (Count the # of children that had hours in your program as of January 31)

Accreditation Status: Yes No In the process

Days of Operation (Circle all that apply): Sun Mon Tues Wed Thurs Fri Sat

Hours of Operation: _____

of Weeks of Operation Per Year: _____

Ages of Children Served: _____

For Office Use Only:

_____ Date Form Received _____ Fee Received _____ License Received

Staff/Provider Information:

(Please indicate the total # of staff or day home providers, including their qualification levels)

Child Care Professionals:

Child Development Supervisors (Level 3) _____ Child Development Workers (Level 2) _____
Child Development Assistants (Level 1) _____ Uncertified/Working on Level 1 _____

Educational Assistants:

Child Development Supervisors (Level 3) _____ Child Development Workers (Level 2) _____
Child Development Assistants (Level 1) _____ Uncertified/Working on Level 1 _____

Support Staff (cleaners, cooks, etc.):

Child Development Supervisors (Level 3) _____ Child Development Workers (Level 2) _____
Child Development Assistants (Level 1) _____ Uncertified/Working on Level 1 _____

Office Staff:

Child Development Supervisors (Level 3) _____ Child Development Workers (Level 2) _____
Child Development Assistants (Level 1) _____ Uncertified/Working on Level 1 _____

Membership Commitment

- Members are required to read and sign the MHDCCA By-laws.
- Members are required to send a representative to attend a minimum of 3 meetings per year. Funding will not be granted if attendance is not maintained.
- Deadlines for Applications for Funding are non-negotiable.
- Funding will only be granted to programs who become members or renew their membership by April 30.
- By signing below, you agree to receiving emails from the MHDCCA.

Membership Fees

- Membership fees are \$100.00 per child care program.
- Separate membership applications must be submitted for each program.
- Membership is valid until March 31.
- Membership fees are non-refundable.

I have read and understand the above statements: _____

I have read and agree to abide by the MHDCCA BYLAWS: _____

****A copy of the current license or contract must accompany this application.****

**Please mail this membership form,
a copy of your license/contract and a cheque to:**

Medicine Hat & District Child Care Association
Bay 3- 749 14th Street SW
Medicine Hat, AB
T1A 4V8