

SUPPORT  
TRAINING

# Registration Form for SWWFCCA

October 1, 2011–September 30, 2012

NETWORK  
FRIENDS  
REFERRAL

## South West Washington Family Child Care Association

SWWFCCA is an independent child care association whose goal is to inform, support, train and network with those who care for and teach young children.

**We promote quality programs for all children!**

**Our Full Members** consist of licensed family child care providers, center teachers, and nannies.

**Our Members** are our assistants and spouses.

**Our Supporters** are anyone who would like to help us offer a quality program to those who work with and teach the young children (0–12) in our community with a donation. (Parents, Businesses, ...)

**Our Partners** are those who support and work with us to best serve our members and guests with trainings, material, information, services, and other forms of community network.

Your name will be added to our website at [www.SWWFCCA.com](http://www.SWWFCCA.com)

Lower  
dues!

**Full members:** Licensed F.H. Center teachers, & nannies \$50.00

**Members:** Assistants & Spouses: \$25.00

**Supporters:** A tax deductible gift in the amount of your choice is very appreciated and useful. Thank you!

**We meet from 6:00pm to 8:30pm on the 2nd Monday of each month for a meeting & STARS classes.**

**Location:** LaCosta by the Mall  
4706 Thurston way, Vanc. WA 98662

**Workshops and Tours offered.**



**South West Washington  
Family Child Care  
Association**

Please return this portion by either mail or turn in at a meeting.

Please use a separate form for each person who registers. Thank you!

Roxanne Pera  
SWWFCCA Vice President  
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Vancouver WA 98664

Phone: 360 -254-0725 - Roxanne  
Email: Paradise63@comcast.net  
  
360 834-0482 - Shari, President  
Email: Kgarden25@yahoo.com

<b>\$50.00 registration</b>	<b>\$25.00 registration</b>
<input type="checkbox"/> Licensed F. H.	<input type="checkbox"/> Assistant in F.H.
<input type="checkbox"/> Center Staff	<input type="checkbox"/> Spouse
<input type="checkbox"/> Nanny	<input type="checkbox"/> Assistant in center
Name _____	
Address _____	
_____	
Phone _____	cell # _____

Name of child care: \_\_\_\_\_

\_\_\_\_\_

Your STARS # \_\_\_\_\_

Email \_\_\_\_\_

Years in childcare \_\_\_\_\_

CPR/1st aid expiration date: \_\_\_\_\_

\_\_\_\_\_

Welcome and Thank You!!