

**Calvert County Family Day Care Association (CCFDCA)
Annual Membership and Waiver Form 2025 - 2026**

PROVIDER NAME: _____

BUSINESS NAME (IF APPLICABLE): _____

ADDRESS: _____

OFFICE OF CHILD CARE REGISTRATION (License) NUMBER: _____

NEW MEMBER: **RENEWAL:**

PHONE: _____

E-MAIL: _____

All memberships run from June 1st through May 31st of the next year.

CCFDCA Annual Dues \$75.00

**OPTIONAL: Maryland State Family Child Care Association membership:
ADDITIONAL \$10 (Total annual fee of \$85)**

Check #: _____ (Payable to CCFDCA)

Complete and return to:

Melissa Robey, CCFDCA Membership, 11235 Dancer Court, Lusby, MD 20657

**I, _____, hereby grant Calvert County Family Day Care Association permission to share general contact information regarding my Maryland State Department of Education Office of Child Care registered childcare business on their website, Facebook, via phone or email to parents and caregivers seeking care. I understand that this is for the sole purpose of providing potential clients assistance in connecting with potential providers and programs. By signing this waiver, I agree not to hold CCFDCA, members or board accountable or responsible for any actions resulting from the sharing of my information.

Provider Signature _____ Date _____

_____ I opt out of having my business contact information shared with potential clients.

*Only those providers that join BOTH CCFDCA and MSFCCA will receive a membership card.

Receipt of payment available upon request. ALL monies paid are non-refundable.