

Arlington Area Child Care Provider Support Group

2012 Membership Application

Name: _____

Address: _____ City: _____

Zip Code: _____ Telephone Number: _____

E-mail Address: _____ Ages served: _____

Website Address (if applicable): _____

Hours: _____ Accept CCMS? Yes No

School Pick up? (Please list which schools you serve) _____

IMPORTANT: Please list your nearest MAJOR cross streets (for example Cooper and SW Green Oaks). This information will be used to help potential parents identify your general location.

Please note: Only Registered/Licensed providers will be posted on our website. A copy of your certificate is not required; Registration/Licensure will be verified prior to posting on the web, and periodically throughout the year.

I affirm that I am currently registered or licensed with the State of Texas, DFPS and maintain at least the minimum standards set forth by that agency. I understand that by listing my name on the AACPSG referral page(s), I agree to maintain my current status with the DFPS. **If my regulation status should change, I will notify AACPSG immediately.** I understand that my name, address, openings available, etc. will be published on the AACPSG website for informational purposes only, and that it is the responsibility of prospective clients to check my compliance history. I further understand that AACPSG does not guarantee enrollment results.

Signature: _____ Date: _____

The following is for office use only. Please do not fill out.

Date Registration verified: _____ By: _____

Registration or License Number: _____

Added to Website on: _____ By: _____