



Valley Family Child Care Association is a professional association of licensed family providers in Alameda county. We provide educational opportunities, support, networking, and fellowship for our members. It is a proven fact that the better educated a childcare provider is – the higher quality of care they provide to your child. By informing and educating our members, we feel more professional and confident in our skills. With these tools, we can portray family childcare as a viable and competitive option for families seeking quality childcare. Due to Covid-19 our members meet on 2nd Tuesday of the month from 6:30pm – 8:30 pm via Zoom.

Membership fee: \$65.00 /year. We renew every year by June 1st. We accept payment in PayPal or Checks (check payable to VFCCA). Please send checks to **Chandara Sunder, 3868 Dartmouth way, Livermore, CA-94550** and Pay-pal: vfcca19@gmail.com.

New Members: To join or renew your membership please send a completed registration to the VFCCA membership. Feel free to contact the Board members for any questions.
Email: vfcca19@gmail.com

President	Shruti Agarwal	925-200-6199
Vice-President	Kristi Hausmann	925-426-0814
Treasurer	Chandra	203-893-8307
Secretary	Janani Krishna	410-585-5988
Membership	Valerie Morgan	925-202-5598

We would like to invite you to join our VFCCA family.

Shruti Agarwal

President ,Valley Family Child Care Association of Alameda County.

VFCCA REGISTRATION FORM 2022-2023

Contact Details

Name: _____ Date of birth: _____
Business name: _____
Business Address: _____
Phone Number: Cell _____ Home Phone : _____
Email: _____
License Number: _____ Date of issue: _____ Referred By _____
Daycare type: Small Large Elementary School Near you: _____

Social Media Information

Website: _____
Facebook ID: _____ YelpID: _____ WhatsApp Number: _____

Daycare Information

Age group you serve(circle): Infant Toddler School Age
Days of operation: _____ Hours of operation _____

If any changes are made to the above information, contact the VFCCA board to make the required changes .I _____ give permission to VFCCA to add my details on their website and all other social media sites and to post my pictures or videos on their website and other advertising material. I allow VFCCA to give my information to parents over the phone.

Name: _____ . Signature _____

Date: _____

Payment Type Official use: Paypal Check: (Check no _____)

