



**CHILD CARE PLANNING COUNCIL OF YUBA AND SUTTER COUNTIES
MEMBERSHIP APPLICATION**

Name _____
Home Address _____ City _____ Zip _____
Agency _____ Title _____
Business Address _____ City _____ Zip _____
Day Phone _____ Fax _____ E-Mail _____

A. CATEGORIES FOR APPOINTMENT

The Superintendents of Schools and the Board of Supervisors make appointments to the Child Care Planning Council of Yuba and Sutter Counties. Members must live or work in Yuba or Sutter County. Twenty percent (20%) of the Child Care Planning Council members are to be drawn from each of the following categories described below: Child Care Provider, Child Care Consumer, Community Representative, Public Agencies, and Discretionary. Please indicate which appointment category you are applying for.

1. Consumer of Child Care Services-using child care or have used it within the past 36 months.
Are you currently receiving child care? Yes No Date last used it: _____
Name of Provider _____ City _____

2. Child Care Provider-please check the type of care you provide:
 a) Licensed family child care provider (# of children licensed for _____)
 b) Licensed & publicly funded child care center (# of children licensed for _____)
Center Name _____ City _____
 c) Licensed, private for profit, or private non profit child care center (# of children _____)
Center Name _____ City _____
 d) License exempt child care provider (# of children licensed for _____)
Program Name if applicable _____

3. Community Representative-excluding agencies that contract with the California Department of Education to provide child care and development services.
Organization _____
Location of Agency _____ Service Area _____

4. Public Agency Representative-including city, county, and local education agencies.
Agency _____ City _____

5. Discretionary Category-Please describe

B. GEOGRAPHIC, ETHIC, AND CULTURAL DIVERSITY REPRESENTATION

AB 1542 (Education Code 8499.3 (d) states, "Every effort shall be made to ensure that the ethnic, racial, and geographic composition of the local planning council is reflective of the ethnic, racial, and geographic distribution on the population of the county."

Please indicate your ethnic origin (optional):

- White (includes Indo-European, Pakistani, East Indian)
- Black (includes African, Jamaican, Trinidadian, and West Indian)
- Hispanic (includes Mexican, Puerto Rican, Cuban, Latin American or Spanish)
- Asian or Pacific Islander (includes Japanese, Chinese, Korean or Vietnamese)
- American Indian or Alaskan Native (includes persons who identify themselves or are known as such by virtue of tribal association)
- Filipino (includes only Filipino)
- Other _____

C. MEMBERSHIP RESPONSIBILITIES – Members are expected to attend regular monthly meetings held on the Fourth (4) Tuesday of each month, and participate in at least one committee. Additional meetings may be scheduled for training and Council business. Are you able to commit to a regular participation, given this schedule? Yes No

If needed, do you have the support of your agency/employer to be an active member of the Council?
 Yes No

D. INVOLVEMENT-Please describe related organizations with which you are currently involved.

E. APPLICANT INTERESTS – Please describe your interest in the Child Care Planning Council and the skill that you would bring to the Council.

Have you ever been convicted of a felony? Yes No
(A felony conviction may preclude you from service)

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature _____ Date _____

Mail or Fax the application to: Child Care Planning Council 1104 E Street, Marysville, CA 95901
Fax: 530-749-3279
For more information call 530-749-4040

FOR OFFICE USE ONLY: The Council recommends appointment ____ Yes ____ No