

**Calvert County Family Day Care Association (CCFDCA)
Annual Membership and Waiver Form 2026 – 2027**

CENTER STAFF

All memberships are valid through May 31, 2027.
CCFDCA CENTER STAFF Annual Dues \$60.00

NAME: _____

CENTER NAME: _____

PERSONAL MAILING ADDRESS: _____

PERSONAL PHONE: _____

PERSONAL E-MAIL: _____

Check #: _____ (Payable to CCFDCA)

I, _____,
understand that membership with CCFDCA is restricted to
CENTER STAFF that is ACTIVELY employed by an MSDE
licensed, registered and regulated Child Care Center. As a paid
member of CCFDCA, I am eligible to register for future trainings
hosted by Calvert County Family Day Care Association.

Signature: _____ **Date:** _____

Complete and return to:

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

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