



**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