



Application for Membership

Name of Centre Owner/s _____

Mobile phone _____ Email _____

Name of each Centre/s operated _____

Please list the license capacity, address, phone, fax, and email of each centre

I/we hereby apply for membership of Childcare South Australia Inc.

Signed Date
(Centre owner)

Membership Fee \$420 per year for a single centre, \$60 per additional centre with the total membership fee capped at \$540. New members offered 25% discount 1st year.

Please include cheque or money order payable to Childcare SA Inc

Please forward to
Childcare SA
PO Box 406
Hindmarsh SA 5001
Or
Email to accsa@internode.on.net

Centre Profile

On many occasions Childcare South Australia is contacted by potential clients seeking childcare and out of school care and the completion of this form will assist us to promote each of your services.

Service Name _____

Service Address _____

Phone _____ Fax _____

Email _____ Website _____

Age group structures _____

Types of services offered (eg ½ days) _____

Services provided (eg nappies) _____

Special features (eg music, gym) _____

Thank you for your assistance.
Please complete a form for each of your services

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