

MEMBER APPLICATION 2026



MEMBER INFORMATION

Name of Program	
Name of Contact Person / Title	
Mailing Address	
Phone	
Email	

PROGRAM INFORMATION

Licensed Enrollment Capacity	
Current Enrollment	
Ages of Children Served	
License Number	
Total Number of Staff	Full-Time Teaching _____ Part-Time Teaching _____ Full-Time Admin _____ Part-Time Admin _____ Full-Time Other _____ Part-Time Other _____
Check One:	Nonprofit <input type="checkbox"/> Privately Owned <input type="checkbox"/>
Check all that apply:	Grow NJ Kids <input type="checkbox"/> Early Head Start <input type="checkbox"/> Head Start <input type="checkbox"/> Accreditation <input type="checkbox"/> Please specify type _____ Contracting with School District for Pre-K <input type="checkbox"/>

MEMBER APPLICATION

(CONTINUED)

AREAS OF INTEREST

Please check the Shared Services you may be most interested in

<input type="checkbox"/> Joint Purchasing	<input type="checkbox"/> Marketing Support	<input type="checkbox"/> Professional Development
<input type="checkbox"/> Budgeting	<input type="checkbox"/> Health and Wellness	<input type="checkbox"/> Bookkeeping, Billing, Fee Collection
<input type="checkbox"/> Technology	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Staff Recruitment and Retention
<input type="checkbox"/> Other	(Please specify):	
<input type="checkbox"/> Other	(Please specify):	

Why you are interested in applying for membership to the Alliance. Please be detailed.

Are you able / willing to commit to being an active Alliance member? Yes ____ No ____

Are you able / willing to commit to attend monthly Alliance meetings? Yes ____ No ____

Will you share your ideas, experiences & knowledge for the benefit of the Alliance? Yes ____ No ____

MEMBER APPLICATION

(CONTINUED)

APPLICANT QUESTIONNAIRE

Staff Support & Supervision

What are your current practices to recruit, retain, develop and support staff? If you are experiencing challenges in this area, please describe briefly.

Family Engagement

How do you communicate with your families, keep them informed of what is going on in your program and provide ways for them to be involved in their child's education?

Enrollment & Marketing

Describe how you currently market your program.

Community Engagement and Collaboration

In what ways have you been involved with the early childhood community? How are you involved in your local community?

Business Practices

How are you managing the program's business and financial practices?

Please email the completed form to: lbilder@cccschildcare.org
THANK YOU!