



NACCRRA Quality Assurance Registration Form

**Please Print**

Organization Name: _____

Name of Director: _____ Title: _____

Mailing Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Email (required): _____ Phone: _____

If Appropriate:

Parent Agency: _____

Website: _____

Parent Agency Director: _____ Title: _____

Mailing Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Email (required): _____ Phone: _____

Agency Information State Network CCR&R Child Care Aware® Quality Assured No Yes In Process**If CCR&R, services offered (check all that apply):**

- | | | |
|---|--|--|
| To Parents: | To Providers: | To Businesses & Communities: |
| <input type="checkbox"/> Parent Referrals | <input type="checkbox"/> Provider Training | <input type="checkbox"/> Outreach to Businesses |
| <input type="checkbox"/> Enhanced Referrals | <input type="checkbox"/> Provider Technical Assistance | <input type="checkbox"/> Outreach to Communities |
| <input type="checkbox"/> Parent Education | <input type="checkbox"/> Provider Onsite TA | <input type="checkbox"/> Engage Businesses in CCR&R |
| <input type="checkbox"/> Subsidy Management | <input type="checkbox"/> Provider Recruitment | <input type="checkbox"/> Engage Businesses in Child Care |

Registration Fee and Payment:

Your NACCRRA Membership must be current. NACCRRA Member I.D. Number _____	Registration Fee is \$250 and includes: <input checked="" type="checkbox"/> Self-Study Assessment Guide & Scoring Sheet <input checked="" type="checkbox"/> 2 hours online training on Quality Assurance <input checked="" type="checkbox"/> 2 hours of Technical Assistance
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Send the completed application form, with a valid credit card number, pre-printed check, money order, or government purchase order (sorry, no cash accepted). Your email address is required. You will receive a confirmation at this e-mail address within two weeks of registering. NACCRRA Quality Assurance Registration will be accepted at any time. There is no deadline date.

Mail To: NACCRRA Quality Assurance, Attn: Registration, 3101 Wilson Boulevard, Suite 350, Arlington, VA 22201

Method of Payment (make checks payable to NACCRRA) Check Enclosed Check # _____ Purchase Order Enclosed P.O. # _____ Credit Card (check one): AMEX Visa Mastercard Discover

Account Number: _____ Expiration Date: _____

Card Holder's Name: _____ Card Holder's Signature: _____

Billing Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____