



Garry T. Eagles, Ph.D.
Superintendent

Local Child Care Planning Council Application

Name: _____ Phone: _____
(Print) (Home) (Work)

Mailing Address: _____
(Street) (City) (Zip Code)

1. Please check and explain which category (or categories) you believe fit your background. (You may check more than one.)

- Child Care Provider: A person who provides child care services or represents persons who provide child care services.
- Public Agency Representative: A person who represents a city, county, city and county, or local education agency.
- Community Representative: A person who represents an agency or business that provides private funding for child care services, or who advocates for child care services through participation in civic or community based organizations but is not a child care provider and does not represent an agency that contracts with the State Department of Education to provide child care and development services.
- Child Care Consumer: A parent or person who receives, or who has received within the past 36 months, child care services.
- Other

Please explain below why you fit into the checked category (or categories):

2. Please list any child care agencies/organizations with which you are affiliated.

3. Please tell us what you would contribute to the Local Child Care Planning Council.

4. Have you been to a Local Child Care Planning Council meeting?

5. The Local Child Care Planning Council meets in the late afternoon on the first Wednesday of the month, can you make it to a meeting at this time?

6. In addition to monthly meetings, council members participate in committee work, would you be willing to work on a committee?

Signature

Date

Please return to Dr. Garry Eagles, Personnel Office, Humboldt County Office of Education, 901 Myrtle Avenue, Eureka, CA 95501

Call Coordinator for due date.

If you have any questions you can call Judi Andersen at 445-7006.