



ILDOCC

**Illinois Directors/Owners
of Childcare Centers**

Sarah Stoliker, President

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Membership Form

FEIN: 83-3945858

Program Name: _____ Date: _____

Address: _____

Primary Contact Person _____ Title _____

Gateways Registry Number _____

Phone: _____ Fax: _____ Email: _____

Additional Contacts and Contact Information:

Center License Capacity: _____

Number of Children Enrolled: _____

Number of CCAP Children: _____

Number of Staff: _____

Check if you have the following:

- ISBE Pre-K
- Head Start
- Other _____
- Circle of Quality: Licensed Bronze Silver Gold
- Accredited _____ (By whom?)

Mail Membership Form plus

**\$250.00 Annual Dues for up to four
Contacts per site:**

Send to the address listed at right.

Check made out to ILDOCC

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c/o Sarah Stoliker, President

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