

**Please Indicate**

**Full** membership \_\_\_\_\_ **Associate** Membership \_\_\_\_\_  
Fees: \$25.00 Full Membership \$15.00 Associate Membership  
\_\_\_\_\_ New Member \_\_\_\_\_ Previous Member

**Make checks payable to SDACCD**

\*\*Associate membership is available only to those interested in supporting the mission who are not employed in the child care industry as a director.

**Send Director Profile and Check to:**

Pete Nelson  
PO Box 2204  
Sioux Falls, SD 57101

**South Dakota Association of Child Care Directors  
Member Profile**

**Member Profile:**

Name: \_\_\_\_\_ date \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Length of service in current position: \_\_\_\_\_

With my child care center, I am the:

Owner \_\_\_\_\_ Director \_\_\_\_\_ Asst. Director \_\_\_\_\_ Other \_\_\_\_\_

**Center/Agency Profile:**

Briefly describe your place of employment: \_\_\_\_\_

Licensed capacity: \_\_\_\_\_ Number of children enrolled: \_\_\_\_\_

Days of operation: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

Circle ages served:    Infants    Toddlers    Preschool    School Age

Number of employees: \_\_\_\_\_

For-Profit: \_\_\_\_\_ Non-Profit: \_\_\_\_\_ Corporate sponsored: \_\_\_\_\_

Number of center locations\*: \_\_\_\_\_

Do you offer specialized care (ex. sick childcare, drop-in care, etc) Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, describe: \_\_\_\_\_

**Additional Center/Agency Profile:**

Name and Address of This Facility: \_\_\_\_\_

Briefly describe place of employment: \_\_\_\_\_

\_\_\_\_\_

Licensed capacity: \_\_\_\_\_ Number of children enrolled: \_\_\_\_\_

Days of operation: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

Circle ages served:    Infants    Toddlers    Preschool    School Age

Number of employees: \_\_\_\_\_

For-Profit: \_\_\_\_\_ Non-Profit: \_\_\_\_\_ Corporate sponsored: \_\_\_\_\_

Main Administration Center Name: \_\_\_\_\_

Do you offer specialized care (ex. sick childcare, drop-in care, etc) Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, describe: \_\_\_\_\_

**What do you find the most rewarding in directing a child care center?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What do you find the most challenging in directing a child care center?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How would you like to grow professionally this year?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_