

# Child Care Provider Membership



Thank you for your interest in The Discovery's professional child care provider membership, an annual membership designed for small to medium size professional child care providers. This membership includes unlimited admission for one year for two adults and up to six children per visit. Additional children, up to the care provider's licensed limit, can be added for \$25 per child, per year. A current copy of the care provider's license must be provided at renewal or enrollment. A limit of one membership per licensed provider is allowed.

## Membership information New Renewal Change

\*For renewal or change to a current membership, please provide **Membership ID** \_\_\_\_\_

Licensed care provider (first & last name) \_\_\_\_\_ Gender (circle) M F

Secondary adult member (first & last name) \_\_\_\_\_ Gender (circle) M F

## Contact information

Mailing address \_\_\_\_\_

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

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

How did you hear about The Discovery? \_\_\_\_\_

## Childrens' information

Please select membership level and additions based on current child care license capacity:

**\$200/year** (Includes 2 adults and up to 6 children. Limited to licensed capacity.)

**\$25/child** (Up to 6 additional children. Limited to licensed capacity.)

Number of additional children (1 to 6) on membership \_\_\_\_\_ x \$25 = \_\_\_\_\_ .

## Payment information

Check enclosed  Credit card # \_\_\_\_\_ Exp. \_\_\_\_\_ CVV Code \_\_\_\_\_

Name on card (please print) \_\_\_\_\_ Signature \_\_\_\_\_

Send completed enrollment form and copy of current child care license by fax to **775-786-1114**,  
by e-mail to **memberships@nvdm.org** or mail to **490 S. Center Street, Reno, NV 89501**

<b>Museum use only:</b> Notes _____
Amount paid _____ Date _____ Entered by _____ Reviewed by _____