



Local Child Care Planning Council of Colusa County

"Working together to build brighter futures for children"

Name:		
Home Address:	City:	Zip:
Agency:	Title:	
Business Address:	City:	Zip:
Day Phone:	Fax:	E-Mail:

Categories for Appointment

Please indicate which appointment category you are applying for:

I. Consumer of Child Care Services (using child care or have used it within the past 24 months)
Are you currently receiving child care? _____ Date last used: _____

II. Child Care Provider – please indicate the type of care you provide:

- Licensed Child Care Provider.
- Licensed, Publicly Funded Child Care Center.
- Licensed, Private for Profit or Private Non Profit Child Care Center.
- License Exempt Child Care Provider.

III. Community Representative (excluding agencies that contract with CDE to provide child care and development services)
Organization: _____ Service Area: _____

IV. Public Agency Representative (including city, county, and local education agencies)
Agency: _____

V. Discretionary Category – Please describe:

Geographic, Ethnic, and Cultural Diversity Representation

AB1542 states "Every effort shall be made to ensure that the ethnic, racial, geographic composition of the Local Planning Council is reflective of the ethnic, racial, and geographic distribution of the population of the county."

Please indicate your ethnic origin (optional):

- White (includes Indo-European)
- Black (includes African, Jamaican, Trinidadian, & West Indian)
- Hispanic (includes Mexican, Puerto Rican, Cuban, Spanish, and Latin American)
- Asian or Pacific Islander (includes Japanese, Chinese, Korean, or Vietnamese)
- American Indian or Alaskan Native
- Filipino
- Other: _____

