



**COLORADO ASSOCIATION OF FAMILY CHILD CARE
Website Information Form**

TO: Tricia Kelly-Lynch
10131 W. Asbury Ave.
Lakewood, CO 80227

Phone: 303-914-8687
E-Mail: tricia@kellyn.com

From: _____ **Office:** _____

CAFCC Affiliate Name: _____

County: _____

Phone: _____ **E-Mail:** _____

Effective Date of Information: _____

Date to be deleted: _____

Check One:

- I wish to update/change information currently posted on the CAFCC website
- I wish to post new information on the CAFCC website
- I wish to have posted information deleted from the CAFCC website

The web page (s) I wish to update are:

- Child Care Referrals
- Local Affiliate Membership
- Training
- Upcoming Meetings
- Other _____

Information to be posted:

1. Name of organization/affiliate _____
2. Contact person (Name, Title, & Phone Number) _____
3. Event (Workshop, Meeting, Conference) _____

Preregistration required? Choose one: Yes No Date Due _____
Directions (be as brief as possible) _____

NOTE: PLEASE ALLOW 2 WEEKS FROM RECEIPT OF FORM FOR CHANGES AND ADDITIONS TO BE POSTED ON THE WEBSITE. THANK YOU.

CAFCC Website Address: www.coloradochildcare.com