WCCA
Washington Child Care Association

REGISTRATION FORM

Legislative Day 2027

Olympia | February 3–4, 2027

Child Care, The Work That Makes ALL Other Work Possible. If you're not at the table, you're on the menu. Join providers from across Washington to meet legislators and share your story. **Take your seat.**

1 YOUR INFORMATION

One form per attendee · * required

Full name * _____ **Role / title *** _____

Child care center or program * _____ **Center ZIP code *** _____

Email * _____ **Mobile phone *** _____

Is this your first WCCA Legislative Day? ☐ Yes ☐ No

ZIP matches you with your legislators · phone is for day-of logistics

2 MEMBERSHIP

Are you a WCCA member? * ☐ Yes ☐ No **If yes, center name or member ID** _____

Not a member? **Join WCCA today to get the member price!** Visit **wachild.org** — or continue at the general rate.

3 CHOOSE YOUR PACKAGE

Select one

	PACKAGE	INCLUDES	MEMBERS	GENERAL
☐	**February 3 only**	Kick-off lunch, afternoon legislator meetings, evening reception	**$150**	**$300**
☐	**February 3 & 4 (no hotel)**	All Feb. 3 events, plus morning legislator meetings and debrief breakfast on Feb. 4. Hotel and transportation not included.	**$300**	**$500**
☐	**Full 2-day package***	All events, plus hotel and transportation to and from the Capitol	**$500**	**$750**

*Hotel and transportation are included in the full 2-day package only. Member pricing requires current WCCA membership.

4 LOGISTICS

Dietary restrictions or allergies

_____

_____

Accessibility or mobility needs

_____

_____

5 PAYMENT

Total due $ _____

Payment method: Email registration form to **amya@sapphiregroupinc.com**. An invoice will be provided to pay by either check or credit card.

☐ * I have read and agree to the registration deadline of **January 20, 2027** and the cancellation/refund policy: **if I must cancel after January 20, 2027, no refund will be issued.**

6 EMERGENCY CONTACT & CONSENTS

Emergency contact name * _____ **Emergency contact phone *** _____

☐ I consent to WCCA using photos and video taken at the event.

☐ Yes, send me WCCA email updates.

Signature _____ **Date** _____