

FREE

Membership Year: April 1st, 2020 to March 31st, 2021

Membership Name:

Community Program/Business Name (If applicable):

Please Select: Parent/Guardian Informal Care provider (licence-not-required) Business/Agency Other

Contact Information

Street Address: _____ City: _____ Postal Code: _____

Phone: _____ Email: _____

Please select

I have never been a member I was a 2019/2020 member I was a previous years member ____ (year)

Early Childhood Education (ECE) Yes No How did you hear about us?

What is your main reason for joining? Library Workshops Newsletter Other

Membership Acknowledgement and Consent

1. I, the undersigned member, am in agreement with the following as shown by my signature below:
 - Complete Membership forms and pay my membership fee as per my membership type
 - Provide consent for copy of photo ID for lending library database
2. CCS follows the Personal Information Protection Act (PIPA), Ministry of Citizens Services, BC
 - Information is used for CCS reporting/statistics (identifying information will not be published)
 - Information is used for the purpose of maintaining membership Member Registry and Library Database
3. To ensure that Childhood Connections is following and abiding CASL legislation we require updated information from you. Please take a moment to either provide your consent or withdrawal to continue emailing you.
 For more information on CASL legislation, please visit <http://fightspam.gc.ca/eic/site/030.nsf/eng/home>
4. To return all toy and resource lending material on time, in good repair, cleaned and pay late or replacement fees as per the lending agreement. * *Please read and initial library agreement on the back of this page*

I give consent, for Childhood Connections Society to send emails to update on Workshops, Newsletters, Training, and Resources

I do not give consent/withdraw my consent, for Childhood Connections Society to send emails to update on Workshops, Newsletters, Training, and Resources. EMAIL ADDRESS TO REMOVE: _____

Printed Name /Agency Name	Signature (no signature required if emailing)	Date Signed
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Volunteers Wanted ! Various volunteer positions are available. YES NO
 If this is something you might be interested in doing we will contact you with more information.

OFFICE USE ONLY

FORMS REC'D _____ BY: _____ ~ MEMBERSHIP PROCESS COMPLETED _____ BY: _____

<input type="checkbox"/> PHOTO ID COPIED	<input type="checkbox"/> CCP DATABASE	<input type="checkbox"/> LIBRARY	<input type="checkbox"/> CONSTANT CONTACT	<input type="checkbox"/> SCAN	<input type="checkbox"/> CCP DATE
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CHILD CARE RESOURCE AND REFERRAL PROGRAM (CCRR)

Toy Lending and Resource Library loan contract

Childhood Connections - Okanagan Family & Childcare Society retains full and complete ownership of any product or item(s) being borrowed from the CCRR Toy Lending and Resource Library. I agree to release, save harmless, and indemnify the Childhood Connections Okanagan Family & Childcare Society and programs from and against all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage to person or property, arising out of, or in connection to, the CCRR Toy Lending and Resource Library.

Initial _____

I agree to only use resources that are developmentally-appropriate and/or follow the recommended ages for the children. Resources will only be used under my direct supervision.

Initial _____

Upon borrowing a resource, I understand that it is my responsibility to ensure all pieces are present. If there are discrepancies, I will notify CCRR within 48 hours.
 I agree that I will return the item(s) in the condition as to which it has been borrowed.
 I will periodically check the item(s) for damage, and if found, I will return the item(s) to the CCRR Toy Lending and Resource Library and discontinue use.

Initial _____

I agree that I will return the item(s) within the borrowing time period (1 month) and understand that there may be \$2.00 per day late charge if the item(s) are not returned on time.
 I understand that after my third time returning an item late, my borrowing privileges may be suspended for no less than one month.

Initial _____

I agree that I am responsible for the replacement of any resources I have lost or damaged. The replacement cost will be determined by CCRR. This replacement fee will be payable within 2 weeks upon receipt of an invoice from CCRR. I understand that in the event that I have any outstanding fees or overdue items, lending privileges will be suspended until the fees are paid in full and all items are returned.

Initial _____

Add anyone below, other than the member, who will be borrowing on your behalf. If you want to add or delete names throughout the membership year please contact the CCRR office.

Print First and Last Name	Email	Relationship to you

I will NOT be using the toy & resource lending library.

Mail or drop off membership forms to address below.