

Kelowna Child Care Society Membership
Parent | Community | Business | Agency

Membership Year: April 1 st , 2018 to March 31, 2019	
Membership Name:	
Community Program/Business Name: <i>(If applicable)</i>	
Full Address:	Full Mailing Address: <i>(If different)</i>
Email Address:	Phone No.(s)

Please select			
___ I have never been a member		___ I was a 2017/2018 member	
Early Childhood Education (ECE)		___ Yes ___ No	
What is your main reason for joining?	<input type="checkbox"/> Library	<input type="checkbox"/> Workshops	<input type="checkbox"/> Newsletter
Other Reason:			

Membership Acknowledgement and Consent

- 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
- KCCS follows the Personal Information Protection Act (PIPA), Ministry of Citizens Services, BC
 - Information is used for KCCS reporting/statistics (identifying information will not be published)
 - Information is used for the purpose of maintaining membership Member Registry and Library Database
- To ensure that Kelowna Child Care Society 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.qc.ca/eic/site/030.nsf/eng/home>
- 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

___ *I give consent*, for Kelowna Child Care Society to send emails to update on Workshops, Newsletters, Training, and Resources

___ *I withdraw my consent* and want to be removed from the email list. Please provide email address and name to be removed: _____

Printed Name /Agency Name	Signature	Date Signed
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\$35 Parent/Community \$45 Business/Agency

Payment Options: ___ Cash ___ Cheque

- Make cheques payable to "Kelowna Child Care Society (KCCS)"
- Memberships will be processed within 7 business days when payment is received
- Society documents (e.g. By-Laws) are available at the KCCS office

OFFICE USE ONLY

FORMS REC'D(M/D/Y) _____ BY: _____ ~ PAYMENT 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"/> RECEIPT	<input type="checkbox"/> SCAN
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CHILD CARE RESOURCE AND REFERRAL PROGRAM (CCRR)

Toy Lending and Resource Library loan contract

The Kelowna Child Care 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 Kelowna Child Care 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 is a \$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 will 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 a week 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 _____

I (*print name*) _____ give permission for the following staff/family to borrow resources under my membership. I understand that all conditions and responsibilities outlined in this agreement apply and I am fully responsible for all items picked up by staff/family on my behalf.

- Please note only those that are listed on this form will have access to the lending library.
- Updates and/or changes to this list are your responsibility.

Print First and Last Name	Email	Relationship to you

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

Mail or drop off membership forms, with payment, to address below.