

North Shore CCRR

Subscriber Registration Form

Client Category (Please check one)

- | | |
|---|---------------------|
| <input type="checkbox"/> Registered License Not Required (RLNR) | Fee: \$ 20.00 |
| <input type="checkbox"/> Licensed Family Child Care (LFCC) | \$ 20.00 |
| <input type="checkbox"/> Group Child Care | \$ 50.00 / location |
| <input type="checkbox"/> Informal Provider | \$ 20.00 |
| <input type="checkbox"/> Community Partner / Agency | \$ 50.00 |
| <input type="checkbox"/> Parent / Individual / Student | \$ 20.00 |

No Cost Core Services: newsletter, access to resource library, networking, drop-in sessions, resources, support visits, and consultations. Fees noted above entitle the subscriber to reduced workshop fees and borrowing privileges. **A Subscription is valid for one year from the month your completed form, lending agreement and fee are received.**

Reminder: All workshop registration is online @www.nscr.bc.ca/nscrw

As per the Personal Information Protection Act (PIPA), information collected will be used only as necessary to deliver CCRR Services, and will not be disclosed to a third party without your permission. If you have questions, call 604-985-7138.

Join North Shore Community Resources as a voting member? Cost: \$15.00 Yes ___ No ___

Facility Name (Complete only if subscribing as a Child Care Centre; Community Partner / Agency:

Name _____

Address _____

City _____ Prov. _____ Postal Code _____

Telephone: _____ Fax: _____

Email: _____

**Please turn
over & sign**

Permission to be added to the NSCR Email Distribution List: Yes ___ No ___

(This will be required for online workshop registration.)

Please send this form, Lending Agreement & payment to: North Shore Community Resources
For information, phone 604-985-7138 Attn: Fariba Aghdassi
201 - 935 Marine Drive (Capilano Mall) North Vancouver, BC V7P 1S3

Receipt # _____ Amount _____ Lending Contract rec'd _____ Date rec'd _____

Certificate issued _____ Expiry (1 year from date received) _____

Resource Lending Agreement

This resource lending agreement is between _____ (your name) and the North Shore Child Care Resource & Referral Program.

Resources included in this lending agreement are the library, equipment, large toys and activity boxes.

The subscriber agrees to take sole responsibility for all resources borrowed from the North Shore Child Care Resource & Referral Program. It is the borrower's responsibility to use all equipment/materials as per the manufacturer's guidelines or for the intended purpose. The subscriber must ensure that all resources are returned thoroughly cleaned with disinfectant (a 1 part bleach/10 part water solution) on applicable items and in good working condition. If an item is damaged or lost the subscriber is responsible for replacing the Damaged, or lost item and will pay the replacement value plus processing fee. (This is in addition to the \$20.00 annual workshop / borrowing fee.)

The borrowing period is as follows:

- library (books) 4 weeks (max of 10 items)
- library (music CDs/tapes) 4 weeks (max of 5 items)
- equipment 4 weeks
- large toys 4 weeks
- activity boxes 4 weeks (max 1 box)
- felt stories 4 weeks (max 5 items – holiday items max 1)
- puppets 4 weeks (max 2 items)

(One piece of equipment can be borrowed with either one large toy or one activity box, or one large toy can be borrowed with one activity box. No more than 2 items at one time and no more than 1 activity box at a time. However, you may have up to 3 Grab Bags and 2 large items.)

The equipment must be returned after this time. If there are no current reservations on the borrowed resource, the subscriber may renew it for an additional period of time.

The subscriber has read and understood the guidelines pertaining to the usage of the resources borrowed.

The North Shore Child Care Resource & Referral Program is not responsible for any injury to persons or damage to property that may arise through use of borrowed resources.

I acknowledge my responsibility and obligation in the resource lending agreement by my signature.

_____ Signature	_____ Date
_____ Client Category*	_____ Municipality
_____ NSCRR Staff	_____ Date

* Please specify if you are a group centre, licensed family, LNR, parent, student, etc.