



KKCCC RESOURCE CENTRE MEMBERSHIP FORM

Please complete the following:

REF NO: _____

Name: _____

Address: _____

Phone No: _____

Email Address: _____

Please tick as appropriate:

Childcare provider Childcare worker Student

Parent Other

If other please specify: _____

I agree to return the books borrowed in good condition, as received and return them within the borrowing time frame of 3 weeks unless otherwise stated. Should the books borrowed be lost or returned to KKCCC damaged, I take full responsibility and will pay the equivalent or replace the book.

Signed: _____

Print name: _____

Date: _____

Approved by: Aisling O Dwyer, Information Officer , KKCCC