

*Office use Only*  
Member Id: \_\_\_\_\_



## Library Application

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Check one: \_\_\_\_\_ Provider \_\_\_\_\_ Parent \_\_\_\_\_ Trainer \_\_\_\_\_ CCC Staff

Home Address: \_\_\_\_\_ Work Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

### Acknowledgment

- I agree to return borrowed Library material before or on the due date
- I understand that I am responsible for materials borrowed and agree to pay CCC for lost or damaged materials and pay any overdue fines.
- I understand that if I don't return materials when due, or pay for lost or damaged materials, I may not have use of the library.

*I certify that the information provided on this application is true and correct to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



*Advancing the quality of early education and child development by empowering parents, educating child care professionals, and collaborating with our communities.*

P.O. Box 141689, Anchorage, AK 99514-1689 Tel 907.563.1966 Fax 907.563.1959 1.800.278.3723  
[www.childcareconnection.org](http://www.childcareconnection.org)

