



Caswell County Partnership For Children  
Child Care Resource and Referral  
Lending Library Application

Name: \_\_\_\_\_  
*First Last*

Address: \_\_\_\_\_  
*Street Apt. # City State Zip Code*

Phones: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell/Alternate: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please check **all** boxes that apply for what capacity you will be using the Lending Library:

Parent/Guardian\*

Student, School's Name: \_\_\_\_\_

Provider\*\*, Facility's Name: \_\_\_\_\_

Community, Agency's Name: \_\_\_\_\_

Other: \_\_\_\_\_

Place of Employment:  Listed above or: \_\_\_\_\_

Work Address: \_\_\_\_\_  
*Street City State Zip Code*

**\*Parents & Guardians:**

Please enter the number of children you have by age:

\_\_\_ > 1 Year \_\_\_ 1 Year \_\_\_ 2 Years \_\_\_ 3 Years \_\_\_ 4 Years \_\_\_ 5 Years \_\_\_ School Age

**\*\*Child Care Providers & Volunteers**

Please enter the number of children you work or volunteer with by age:

\_\_\_ > 1 Year \_\_\_ 1 Year \_\_\_ 2 Years \_\_\_ 3 Years \_\_\_ 4 Years \_\_\_ 5 Years \_\_\_ School Age

*I have read, understand & agree to follow the policies & procedures for the Caswell County Partnership for Children Child Care Resource and Referral Lending Library.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date Application Received \_\_\_\_\_

Application Approved \_\_\_ Yes \_\_\_ No Date \_\_\_\_\_

Staff \_\_\_\_\_