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Caswell County Partnership for Children FY 2018-19 Resource Lending Library Application



Name: _____
First Last

Address: _____
Street Apt. # City State Zip Code

Phone Number: _____ **Email Address:** _____

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

- Parent/Guardian:** Please enter ages of your children: _____, _____, _____, _____, _____
- College Student:** College/University's Name: _____
- Child Care Provider:** Facility's Name: _____
- Community Partner:** Agency's Name: _____
- Other:** _____

How many children do you work with and will be impacted by your use of the Lending Library:

of children 0 – 5 years: _____ **# of children 6 years & older:** _____

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

Signature

Date

Date Application Received: _____ Application Approved: Yes No Date _____ Staff _____