

Umatilla Morrow Child Care Resource & Referral Lending Library Check-Out Agreement

Provider Name _____ Phone number _____ Registration Number: _____

UMCHS Staff Name _____ Center _____

The items listed below were received by the Provide/Staff at _____ (location) and will be returned to _____ (location) on or before the date indicated in a clean and sanitary condition.

Item	Inventory #	Condition of item	Date To be Returned	Date item returned	Condition
1.					
2.					
3.					
4.					
5.					
6.					

I have read both the Lending Library Policy and the Toy Washing Policy and agree to abide by them. I verify that I am in the Child Care Resource & Referral database, giving me the capability to check out items in the Lending Library.

Provider/Staff Signature & Date

CCR&R Staff Signature & Date

Items returned and checked in:

Provider/Staff Signature & Date

CCR&R Staff Signature & Date