

AECENL's Bookshelf Lending Form

Association of Early Childhood Educators of Newfoundland and Labrador

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SECTION A: Applicant

Name (First/Middle Initial/Last): _____

Address: _____

Telephone Number: _____ Email: _____

Certification Number: _____ Certification Level: _____

SECTION B: Reason for Borrowing

Check all that apply:

- To gain PL hours (please request a Reflective Form)
- For personal learning
- I am a certified ECE working in a regulated child care program
- I am a student enrolled in a post-secondary Early Childhood Education program
- I am an instructor and am interested in support material for a course
- I am a Child Care Consultant, Inclusion Consultant, or Child Care Consultant (Quality)
- I am a PL facilitator
- Other: _____

SECTION C: Lending Information

Title of Book Borrowed: _____

Date Borrowed: _____

Lending Time: _____

Retaining Fee (amount and type): _____

Date Returned: _____

Condition of Return: _____

Date Retaining Fee Returned: _____