



Smart Start Early Learning Resource Center
Group Membership

Today's Date: _____ Card ID #: _____ Expiration Date: _____

Child Care Facility/Organization: _____

Administrator/Director: _____

Email: _____ Phone Number: _____

Would you like to receive a monthly email about our work on behalf of young children? ☐ yes ☐ no

Mailing Address: _____
street city zip

How did you hear about the Smart Start Early Learning Resource Center?

☐ SSNHC website ☐ Facebook/Twitter ☐ Local Event ☐ Another parent ☐ Co-worker
☐ Other _____

Please choose the level of membership that applies: (membership fees are non-refundable)

☐ 10 staff and under - \$15 ☐ 11-19 staff - \$20 ☐ 20 plus staff - \$25

Payment Method:

☐ Check ☐ Money Order ☐ Credit Card Amount Paid: _____

I understand that the staff listed on the attached "Staff Snapshot" will be eligible to use the equipment and check-out resource materials at Smart Start Early Learning Resource Center as part of the group membership that I am receiving today. It is the child care center/agency's responsibility to update Smart Start of any staff changes that occur. The child care center/agency is responsible for having materials back to Smart Start Early Learning Resource Center in good repair and in a timely manner. If there is any misuse of equipment at any time, Smart Start reserves the right to suspend privileges included in the membership. I understand there will be a \$25 returned check/credit card refusal fee.

Printed Name

Signature

Date

To be completed by SS staff: _____

- | | |
|---|---|
| ☐ Signed Guidelines from Administrator | ☐ Copy of Administrator's Driver's License or Picture ID |
| ☐ Completed Staff Snapshot | ☐ Card Issued |
| ☐ Membership Fee Paid | ☐ Verbally confirm non-refundable |
| ☐ Add to Surpass | |

revised 8/24