



Item	Quantity	Price	TOTAL
<b>Child Care Activity and Record Keeping Calendar</b>		\$30.00 for 1-9	
		\$25.00 for 10-50	
		\$23.00 for 51-100	
<b>Privacy Policy Resources for Child Care Facilities</b> <input type="checkbox"/> English <input type="checkbox"/> French		\$15.00 for 25	
<b>Let Babies Be Babies: Caring for Infants and Toddlers with Love and Respect</b>			
Rethinking Infants & Toddlers		\$40.00	
Keeping Babies Healthy & Safe		\$40.00	
Helping Babies Learn		\$40.00	
Guiding The Journey to Independence		\$40.00	
Understanding The Partnership with Parents		\$40.00	
Caring For The Caregiver		\$40.00	
Complete Set		\$200.00	
<input type="checkbox"/> I will pick up my order – no S/H			
<b>Please add a \$15 shipping &amp; handling charge for orders in <u>Winnipeg</u>.</b>			<b>S &amp; H:</b>
<b>For orders outside of Winnipeg, postage will be calculated.</b>			
<b>Payment must accompany order form. You may also pay in person.</b>			<b>GRAND TOTAL:</b>

### Purchasers of MCCA's Privacy Policy

I understand that if I use any of the Privacy Policy Documentation in my Privacy project, it means that I have agreed to be bound by the license agreement. You can read the agreement at [www.mccahouse.org](http://www.mccahouse.org).

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Signature required for processing

- All orders must be accompanied by payment.
- Visa & MC are accepted on fax/emailed orders.
- Cheques are to be made payable to Manitoba Child Care Association.
- NSF Cheques will be charged \$25.00 admin fee.

### Manitoba Child Care Association

2-2350 McPhillips Street  
Winnipeg, MB R2V 4J6  
PH: 204-586-8587 or toll-free 1-888-323-4676  
Fax: (204) 589-5613  
E-mail: [info@mccahouse.org](mailto:info@mccahouse.org)

Name: \_\_\_\_\_

Centre/Organization: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

### Cheque Information

Cheque #: \_\_\_\_\_ Amount: \_\_\_\_\_

### Credit Card Information

Cardholder Name: \_\_\_\_\_

CC Number: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVS \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_