



| Item | Quantity | Price | TOTAL |
|--|----------|--------------------|---------------------|
| Child Care Activity and Record Keeping Calendar | | \$30.00 for 1-9 | |
| | | \$25.00 for 10-50 | |
| | | \$23.00 for 51-100 | |
| Privacy Policy Resources for Child Care Facilities <input type="checkbox"/> English <input type="checkbox"/> French | | \$15.00 for 25 | |
| Let Babies Be Babies: Caring for Infants and Toddlers with Love and Respect | | | |
| 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 | | | |
| <i>Please add a \$16 shipping & handling charge for orders in <u>Winnipeg</u>.</i> | | | S & H: |
| <i>For orders outside of Winnipeg, postage will be calculated.</i> | | | GRAND TOTAL: |
| <i>Payment must accompany order form. You may also pay in person.</i> | | | |

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.

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

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: ____/____ CVV _____

Cardholder Signature: _____