

William, Won't You Wash Your Hands? (Kit*)

"William, Won't You Wash Your Hands?" provides valuable resources for early childhood educators, caregivers and parents to teach children how and when to wash their hands. The kit components come together neatly in a kit envelope:

- an illustrated storybook;
- 2 posters that can be displayed in early learning and care centres (one about the steps involved in handwashing and the other reminds children when to wash their hands);
- 2 resource sheets for educators that include information on infection control; and
- a resource booklet for educators with an assortment of activities, songs and games that all teach handwashing.



*The storybook is also available separately. Please see Storybook order form.

1. Order

Cost per kit: 1 kit – \$25.00 • 2-10 kits – \$24.00 per kit • 11-30 kits – \$23.00 per kit • 31-60 kits – \$21.00 per kit
 • 61-90 kits – \$20.00 per kit • For more than 90 kits, please contact CICH

English kits _____

French kits _____ ➔ Total kits: _____ @ _____ per copy ➔ = Total: \$ _____

2. Calculate GST/HST tax on kit total for your province or territory with the chart below.

GST/HST Tax Rate for Kit

NL	NB	NS	PE	QC	ON	MB	SK	AB	BC	NT	YT	NU
HST	HST	HST	GST	GST	HST	GST	GST	GST	HST	GST	GST	GST
13%	13%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%

GST/HST Tax on Kit: \$ _____

3. Shipping & Handling: 1 Kit – \$5.00 • 2-10 kits – \$15.00 • 11-30 kits – \$25.00 • 31-60 kits – \$45.00

• 61-90 kits – \$60.00 • For more than 90 kits, please contact CICH

S&H: \$ _____

4. Calculate GST/HST tax on S&H total for your province or territory with the chart below.

GST/HST Tax Rate for Shipping and Handling (S&H)

NL	NB	NS	PE	QC	ON	MB	SK	AB	BC	NT	YT	NU
HST	HST	HST	GST	GST	HST	GST	GST	GST	HST	GST	GST	GST
13%	13%	15%	5%	5%	13%	5%	5%	5%	12%	5%	5%	5%

GST/HST Tax on S&H: \$ _____

5. TOTAL COST OF ORDER: \$ _____

6. Shipping Information

Organization: _____

Name: _____

Address: _____

City: _____ Prov. _____

Postal Code: _____

Tel: (____) _____

Fax: (____) _____

E-mail: _____

Charitable Registration Number: 10686 1586 RR0001

7. Method of Payment

A. Credit Card: Visa Mastercard

Card Number: _____

Exp. date: _____

Signature: _____

B. Cheque enclosed (payable to CICH)

ALL ORDERS MUST BE PREPAID

8. Return to:

Canadian Institute of Child Health
 201 Powell Avenue, Ottawa, ON K1S 2A4

Phone/Fax: (613) 230-8838

E-mail: publications@cich.ca

Web: www.cich.ca

