



Toy Library Registration Form

Name of parent _____

Address _____

Email address: _____

Telephone number Home _____

Mobile _____

Child 1 Name _____ D.O.B. _____

Child 2 Name _____ D.O.B. _____

Child 3 Name _____ D.O.B. _____

Child 4 Name _____ D.O.B. _____

Child 5 Name _____ D.O.B. _____

I have read the aims and agreement of the toy library and agree to the conditions.

*** Please note children should not be left alone with the drawstring bag as it may be a choking hazard***

Signature: _____ Date joined: _____

For office use

Membership number _____ Family/ Child-minder (circle as appropriate)

£2.00 annual membership fee

Date paid: _____/see note on estart

Renewal date: _____ Date paid: _____

Renewal date: _____ Date paid: _____