

**UNITED CEREBRAL PALSY
TOY LIBRARY
REGISTRATION FORM**



Date: _____

Child's Name: _____ Birth Date: _____

Diagnosis: _____

Parents or Guardian's Name: _____

Military: Yes No

Address: _____

City: _____ State: _____ Zip Code: _____

Siblings: Yes No

Name & Ages: _____

Phone Number to best reach you at: _____ Is this a cell phone? Yes No

Prefer Method of contact: Text Call Email

Email: _____

Vision:

Does the child have any difficulty with vision? Yes No

Hearing:

Does the child have any difficulty with hearing? Yes No

Gross Motor:

How would you like to see the child grow in this area?

Fine Motor:

Are there any improvements you would like the child to work on, in this area?

Ethnic Background:

Black/African American White Asian Hispanic/Latino
American Indian Unknown Other _____

UNITED CEREBRAL PALSY TOY LIBRARY RULES



- **There is an annual registration fee of \$20.**
- **Toys are checked out for 2 weeks unless otherwise arranged with Toy Library Coordinator.**
- **Please call or email Toy Library Coordinator if you cannot make scheduled time to drop off toys.**
- **If toys are requested by another family, the Toy Library Coordinator will contact you to return toys after 2 weeks.**
- **Accidents happen-I understand that a donation may be requested if repairs or replacement of the toys are required.**
- **Please inform Toy Library Coordinator if there are any problems with a toy.**
- **To prevent the spread of germs toys should be returned clean (not disinfected-we will be cleaning and disinfecting all dirty toys on Friday's). When your child is sick, please mention it to the Toy Library Coordinator.**

Please be mindful when checking out toys. When you fail to return toys on a timely basis, other children who are in the program will be missing out on the toys you have. This program is grant funded and cannot replace toys on a frequent basis.

I have read the above rules and agree to follow them. I understand that if I do not, the Toy Library Coordinator may restrict my opportunities to borrow toys.

Print Name: _____

Signature: _____

Do not fill out below

Site: _____ Paid: [] Scholarship: []