

# Toy Library Membership Form

Your name:	
Address, including postcode:	
Contact numbers:	
Email Address:	

Please complete your child/children's details:	Child's name:	DOB:	M/F:
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Please tick if you are a childminder

Do any of the children in your care have additional/special needs?	Yes / No
If yes, please specify needs:	

I agree to abide by the Toy Library terms and conditions for the equipment on loan from the library:	Yes / No
Signed:	
Date:	

<b>For office use only</b>	<b>Membership number:</b>
<b>Membership start date:</b>	<b>Membership expiry date:</b>
<b>Fees paid:</b>	<b>Staff name:</b>

