Toy Library Registration Form

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| --- | --- |
| Parents Name  |  |
| Address Postcode |  |
| Email address  |  |
| Telephone number  |  |
| Do you have a child with additional needs  | Yes No |
| Are you registered with SPACE | Yes No |

I understand that the items I loan are my responsibility and I agree to return them in the condition I loaned them in to the best of my ability and to make SPACE aware of any damages that may occur whilst in my possession. Yes No

I am happy for my details to added to the SPACE Sensory Toy Library and to remain there for as long as I am a member of SPACE Toy Library and agree to an annual cost of £10. Yes No

There are times when we may need to contact you about items you have loaned or reserved, by signing below you agree to the following statement.

I agree that any of the details I have provided above can be used to contact me, only in relation to items I have borrowed or intend to borrow from SPACE toy library.

Signed ………………………………………………

Print ………………………………………………

Date ………………………………………………