

**UNITED CEREBRAL PALSY
TOY LIBRARY
REGISTRATION FORM**

Site:

Date:

Paid:

Child's Name:

DOB:

Address:

City:

State:

Zip:

Telephone Number (Home):

Diagnosis:

Mother's Name:

Father's Name:

Guardian/Other:

Telephone No. (Work):

Telephone No. (Work):

Brothers/Sisters; Names & Ages:

VISION:

Eye Contact:

Follows Objects:

HEARING:

Vocalizations:

Receptive Language:

GROSS MOTOR:

Sitting Up Independently:

Walking:

FINE MOTOR:

Reaches for Toys:

Whole Hand Grasp:

Everything to Mouth:

THERAPY/SCHOOL

Is the child attending school?

Where?

Is the child attending therapy?

Where?

ETHNIC BACKGROUND (optional):

American Indian White Asian Other

Black/African American Unknown Hispanic/Latino



Software Library:

Software Paid:

UNITED CEREBRAL PALSY TOY LIBRARY RULES

1. I will not lose or break my toys or their containers and pieces
2. I will keep my toys clean
3. I will return my toys on time
4. I will report any problems with the toy
5. Accidents happen – I understand that a donation may be requested if repairs or replacement of the toys are required
6. I will pay my annual dues
7. I will attend my regular appointment or call if I cannot make it

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



NAME : _____