

Borrowers Enrolment Form



Sonshine Toy Library

Surname: _____

Parent's Names: (1) _____ (2) _____

Phone: (Home) _____

(Work) _____

(Mobile) _____

E-mail address: _____

Home address: _____

Postal address: _____

Additional contact person: _____ Phone: _____

Child/s First Name: _____ Surname _____ DOB: _____ Sex: M/F

_____ DOB: _____ Sex: M/F

_____ DOB: _____ Sex: M/F

_____ DOB: _____ Sex: M/F

Does your family have any special need (eg; food allergies)? _____

Drivers Licence No./Proof of Identification: _____

Source (how did you hear about us?) Tick any applicable: Brochure: ___ Gazette: ___

Maternal and Child health centre: ___ Friend: ___ I am a previous member: ___

Playgroup: ___ Neighbour: ___ Another member: ___ Other: _____

Have you received your Rights and Responsibilities information sheet? _____

I have read and understand the sheet detailing my rights and responsibilities as a member of Sonshine Toy Library Inc. I agree to the conditions of borrowing and accept responsibility for loss and damage to items in my care. I understand that any toy has the potential to be dangerous, and accept full responsibility for my children whilst playing with the Sonshine Toy Library's equipment.

Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Membership Fee Paid: \$ _____ Receipt no. _____