**Registration Form**

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| --- |
| Child’s Name: Date of Birth: |
| Disability/Additional Needs:  Diagnosed/Undiagnosed (please circle) |
| Parent/Carers Name: |
| Address: |
| Telephone Number:  Mobile Number: |
| Email: |
|  |

Please let us know what you are hoping to gain from using the Toy Library by ticking the appropriate boxes below or adding your own comments.

|  |  |
| --- | --- |
| Sensory Toys are expensive; I am hoping to borrow good quality toys |  |
| I hope my child’s senses will be stimulated by regularly experiencing new toys |  |
| I hope a wide variety of toys will increase the type of play for my child |  |
| I hope for the chance for us to play together more |  |
| I would like to see my child development improve in some way |  |
| The opportunity to try out before spending |  |

Where did you hear about the SEND Care & Share Sensory Play & Sensory Toy Library?

**Disclaimer** Ormiston Families SEND Care & Share Project & Sensory Toy Library assumes no responsibility or liability for any injury, loss or damage incurred as a result of any use or reliance on the equipment loaned.

Ormiston Sensory Toy Library has taken considerable care in ensuring that the equipment is safe and free from any damage or faults. Please ensure the equipment, where necessary, is assembled and used correctly in accordance with the manufacturer’s guidelines. Should a fault occur during use, please cease to use the equipment with immediate effect and report the fault to SEND Project Staff.

**Parent/Carer Signature: Date:**