



USMCR TOYS FOR TOTS (DELAWARE COUNTY, PA)

****USE BLUE INK PEN ONLY****

"WILL NOT ACCEPT COPIES, ONLY ORIGINALS"

***** CHARITABLE ORGANIZATION: _____

***** PARENT GUARDIAN

*PARENT/GUARDIAN/ NAME: _____

*PHONE NUMBER: _____

*STREET ADDRESS: _____

*CITY: _____ *COUNTY _____ *STATE _____ *ZIP _____

CHILDS NAME	CHILDS FULL SSN	DOB	AGE	GENDER

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN PRINT: _____

NOTES:

- ***ONLY REGISTER WITH ONE ORGANIZATION WORKING WITH TOYS FOR TOTS***
- ***IF FAMILY FILLS OUT MULTIPLE APPLICATIONS, THE FAMILY WILL NOT RECEIVE ASSISTANCE FROM TOYS FOR TOTS***
- ***MUST WRITE LEGIBLE (IF UNABLE TO READ WRITING, APPLICATION WILL NOT BE ACCEPTED)***
- ***ONLY PARENT/GUARDIAN ARE ELGIBLE TO REGISTER CHILDREN***
- ***MUST USE FULL SSN (USED TO PUT INTO DATABASE AND FILED) (NO FULL SSN,APPLICATION WILL NOT BE ACCEPTED)***
- ***NO CHILDREN OVER 12***
- ***APPLICANTS MUST LIVE IN DELAWARE COUNTY, PA***