

TOYS FOR TOTS REGISTRATION

Please return this form to: AIEC, 2486 W 14th St, Cleveland Ohio 44113



PARENT OR GUARDIAN INFORMATION

NAME _____

MAILING ADDRESS _____

TELEPHONE _____

EMAIL ADDRESS _____

CHILD INFORMATION

NAME _____

AGE _____ BOY GIRL SSN# (required) _____

CHILD INFORMATION

NAME _____

AGE _____ BOY GIRL SSN# (required) _____

CHILD INFORMATION

NAME _____

AGE _____ BOY GIRL SSN# (required) _____

CHILD INFORMATION

NAME _____

AGE _____ BOY GIRL SSN# (required) _____

If you have more children to register, please attach a separate form. Thank you!