



2415 Maynard Street | P.O. Box 9227 | Halifax, NS | B3K 5M8 | Tel: (902) 425-2125 | Fax: (902) 453-5673 | www.parkerstreet.org

Birthday Club Application Form

Are you a registered client? (Please circle)

Yes

No

If no, in order to be eligible, you must submit a client registration form along with your application. All children must be registered on the parent's/official guardian's Parker Street Food & Furniture Bank record.

Section 1: Child and Applicant Information

Date _____ Client Name _____

Child's Name _____

Child's Date of Birth _____

Section 2: Toy Category

Type of Toy (Please circle)

Boy

Girl

Neutral

Child Age Group (Please circle)

0-2 Years

3-5 Years

6-12 Years

13-18 Years

Section 3: Contact Information

*Phone Number _____ *Email Address _____

Section 4: Supporting Documents

Supporting documentation is required before receiving a gift. Please bring the following supporting documents upon collection.

Proof of Birth

Proof of Adoption/Guardianship

Please bring an official document **with the name and birth date of your child visible** upon collection at 2415 Maynard Street. This may be any piece of government issued identification, a birth certificate, etc.

Parker Street Food & Furniture Bank will not need to retain or photocopy the documents.

I confirm that the information included in this application is accurate to the best of my knowledge and that I understand completion of this form does not guarantee approval.

Signed _____ Date _____

Please note submission of this application does not guarantee approval. We have limited inventory and not all requests can be filled. Client Services will contact you for further questions or approval.