# Logo (Icon) Feb 2019

**For Unique Children** *Company Registration Number: 11475647*

# Membership Services Application Form:

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| **PARENT/CARER’S INFORMATION:** |
| PARENT/ CARER NAME: | Click here to enter text. |
| HOME ADDRESS& POSTCODE: | Click here to enter text. |
| DIRECT TELEPHONE: | Click here to enter text. | MOBILE: | Click here to enter text. |
| EMAIL: |  |
| **CHILD’S INFORMATION** |
| **CHILD’S NAME** | Click here to enter text. |
| **GENDER** | **Please Select** |
| **DATE OF BIRTH** | Click here to enter text. |
| **CURRENT AGE** | Choose an item. | **Years** | Choose an item. | **Months** |
| **PRIME AREA OF NEED/ DIAGNOSIS** | Click here to enter text. |
| **GENERAL INFORMATION** |
| Payment details- Payment must be made monthly in advance by standing order/ BACS to:**PlayWise Learning CIC Account Number: 65857997 Sort Code: 08-92-99**Please add your child’s name on your payment for reference |
| Please tick this box to confirm you have set up a standing order [ ]  Please confirm the start date you have set up for payment to PlayWise CIC Click here to enter a date.First applicable date is 1st April 2019 |
| NB:* Payment for membership services is for a minimum of 6 months
* Payment is to be paid monthly in advance
* Membership services will not commence until payment is made. This document forms part of your agreement to PlayWise Learning CIC
* Termination of Membership services is subject to 30 day’s notice in writing
 |
| PRINT NAME | SIGNATURE | DATE |
| sdfsdsdfsd | Click here to enter text. | Click here to enter a date. |
| Please submit this form via **email** to: **info@playwise.org.uk**OR **post to**: PlayWise Hub, Sutton Central Library, St. Nicholas Way, Sutton, SM1 1EAContact us for further information on: 07736 338707*We will contact you upon receipt of this Request for Support.* |

***For office use only: allocated membership number: Start date:***