# 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**](mailto:info@playwise.org.uk)  OR **post to**: PlayWise Hub, Sutton Central Library, St. Nicholas Way, Sutton, SM1 1EA  Contact 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:***