

VIP Kidz Club



FAMILY MEMBERSHIP CARD

OurSpace Special Needs Club

NAME

DATE

ADDRESS

Tele No:

Mobile:

Email

Children's Details

Name

DOB

Name

DOB

Name

DOB

Name

DOB

Fee Paid: £30

chq

crd

cash

Date:

Card Issued by:

Renewal Date

Notes: Please note any details you feel may be relevant to your child's special needs whilst at the Play Centre