

Rathfriland Sensory Room - Family Membership

Childs Name: _____ Date of Birth: _____

Accompanying Siblings

Names	Age

What is your child's/children's special need?

How would you like this sensory room to help your child develop? _____

Parents Name: _____

Home Address: _____

Home Phone Number: _____

Mobile Phone Number: _____

Email Address: _____

- I have read and agree to abide by the terms and conditions within the guidance document. Yes No
- I would like to become a member of the Steering Committee. Yes No
- Annual membership fee £10 paid. Yes No
- I would like to become a volunteer Yes No

Signature _____ Date _____