|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| We require an administration fee of £25 for cancellations.  This amount will be added to your account before any refund is paid, providing your account and payments are up-to-date.  Outstanding balance of fees due on your account become payable upon receiving your cancellation form.  Please complete this form and email it to [**info@playp.org.uk**](mailto:info@playp.org.uk) | | | | |
|  | | | | |
| **YOUR DETAILS** | | | | |
| Please complete yours and your child details. | | | | |
| **First Name** | | Click or tap here to enter text. | | |
| **Last Name** | | Click or tap here to enter text. | | |
| **Email** | | Click or tap here to enter text. | | |
| **Phone Number** | | Click or tap here to enter text. | | |
| **Child’s Name (1)** | | Click or tap here to enter text. | | |
| **Child’s Name (2)** | | Click or tap here to enter text. | | |
| **Child’s Name (3)** | | Click or tap here to enter text. | | |
| **Site Attended** | | Select Site from Dropdown Menu: | | |
| **Please indicate the days your child currently attends:** | | | | |
|  | Monday | | | |
|  | Tuesday | | | |
|  | Wednesday | | | |
|  | Thursday | | | |
|  | Friday | | | |
|  | | | | |
| **DATE OF CANCELLATION** | | | | |
| **Please tell us the last day you want your child(ren) to attend:** | | | | |
| **Last date of service:** | | | Click or tap to enter a date. | |
| **REASON FOR CANCELLATION** | | | | |
| **Please tell us the reason you are cancelling the service:** | | | | |
|  | Childcare no longer needed | | | |
|  | Going to a different school/ Moving home and leaving the area | | | |
|  | Redundancy or lost job | | | |
|  | Unhappy with the service | | | |
|  | Using childminder/nanny | | | |
|  | Other | | | |
|  | | | | |
| **If you are unhappy with the service, please tell us what we could have done better:** | | | | |
| Click or tap here to enter text. | | | | |
|  | | | | |
| **REFUND** | | | | |
| If a refund is due, we can process this to you through a direct bank transfer or leave the funds as credit on your account. Please indicate your preference below.  If you choose a refund by direct bank transfer, please also provide your bank details. | | | | |
| **Refund Method:** | | | | |
|  | Credit on account | | | |
|  | Direct bank transfer | | | |
| **Account Holder Name** | | | | Click or tap here to enter text. |
| **Sort code (6 digits)** | | | | Click or tap here to enter text. |
| **Account Number (8 digits)** | | | | Click or tap here to enter text. |
|  | | | |  |
| **Please email the completed form to** [**info@playp.org.uk**](mailto:info@playp.org.uk) | | | | |