

## 10.3 Application to join

### Pangbourne Valley Playgroup's Application Form

Kennedy Drive,

Pangbourne

Berkshire RG8 7LB

Tel: 0118 984 1661

[enquiries@pvpg.org.uk](mailto:enquiries@pvpg.org.uk)

Registered Charity: 1039967

Ofsted Ref 110733



### Personal details

First name(s) of child: \_\_\_\_\_

Surname of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Full address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Parent/carer name (1): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Full address (if different): \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime/work tel: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail address \_\_\_\_\_

Parent/carer name (2): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Full address (if different): \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime/work tel: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Session request

Preferred start date: \_\_\_\_\_

*Please tick the sessions you would like your child to attend:*

Morning  Monday  Tuesday  Wednesday  Thursday  Friday

Lunch  Monday  Tuesday  Wednesday  Thursday  Friday

Afternoon  Monday  Tuesday  Wednesday  Thursday

This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. **Please note that completion of this form does not guarantee a place for your child. Please enclose a cheque /cash for £10 to cover registration costs.**

Once your child is offered a place and you accept it, on admission further personal information and family details are required for our records. Your child's birth certificate is required at this point with a copy made for our file.

If you find that you no longer need the place, please inform us as soon as possible.

Signed parent/carer (1): \_\_\_\_\_ Date: \_\_\_\_\_

Signed parent/carer (2): \_\_\_\_\_ Date: \_\_\_\_\_

**Please be advised that this application form and offer of a place is subject to our terms and conditions provided to you. By signing this document, you acknowledge that you have read, understood and agree to these terms and conditions.**

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### ***For office use only:***

Deposit paid: \_\_\_\_\_ Date paid: \_\_\_\_\_

*Tear off the following part to return to the parent(s)*

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A place will be available for \_\_\_\_\_ (child's name)

\* on \_\_\_\_\_ (date) \* or; we will notify you when a place becomes free.

Signed on behalf of the provider: \_\_\_\_\_

Name: \_\_\_\_\_ Job title: \_\_\_\_\_

\*Please delete whichever is not applicable.