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| **10.3 Application to join** | Kennedy DrivePangbourneRG8 7LBTel: 0118 984 1661Pvpg.enquiries@gmail.comRegistered Charity: 1039967Ofsted Ref: 110733 |
| **Child Information** |
| First Name (s): |  |
| Middle Name(s): |  |
| Last Name: |  |
| Known as: |  |
| Date of Birth: |  |
| Gender: |  |

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| **Primary Carer Information** |
| Relationship to Child:  |  |
| First Name:  |  |
| Last Name: |  |
| Home Phone: |  |
| Work Number: |  |
|  Mobile Phone: |  |
|  E-mail: |  |
| Full Address:  |  |
| Post Code: |  |

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| **10.3 Application to join** | Kennedy DrivePangbourneRG8 7LBTel: 0118 984 1661Pvpg.enquiries@gmail.comRegistered Charity: 1039967Ofsted Ref: 110733 |
| **Secondary Carer Information** |
| Relationship to Child:  |  |
| First Name:  |  |
| Last Name: |  |
| Home Phone: |  |
| Work Number: |  |
|  Mobile Phone: |  |
|  E-mail: |  |
| Full Address (if different): |  |

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| **Sessions and Funding** |
| My child is eligible for 15 hours funding [ ] My child is eligible for 30 hours funding [ ]  |
| Please tick all sessions required: |
|  | **Morning** | **Lunch Club** | **FS1 Pick up** | **Afternoon** |
| **Monday** |[ ] [ ] [ ] [ ]
| **Tuesday** |[ ] [ ] [ ] [ ]
| **Wednesday** |[ ] [ ] [ ] [ ]
| **Thursday** |[ ] [ ] [ ] [ ]

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| **10.3 Application to join** | Kennedy DrivePangbourneRG8 7LBTel: 0118 984 1661Pvpg.enquiries@gmail.comRegistered Charity: 1039967Ofsted Ref: 110733 |

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| 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 or ask us for our bank account details to make a BACS transferOnce 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 carer (1):** |  | Date: |  |
| **Signed carer (2):** |  | Date: |  |
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