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| **10.3 Application to join** | | Kennedy Drive  Pangbourne  RG8 7LB  Tel: 0118 984 1661  [Pvpg.enquiries@gmail.com](mailto:Pvpg.enquiries@gmail.com)  Registered Charity: 1039967  Ofsted 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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| **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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| --- | --- |
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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 transfer  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 carer (1):** |  | Date: |  |
| **Signed carer (2):** |  | Date: |  |
|  | | | |
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