

## 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:	

### 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):	

#### Sessions and Funding

My child is eligible for funding	15 hours <input type="checkbox"/>	30 hours <input type="checkbox"/>		
Code for funding from West Berkshire:				
NI number used during application:				
Please tick all sessions required:				
	<b>Morning</b>	<b>Lunch Club</b>	<b>FS1 Pick up</b>	<b>Afternoon</b>
<b>Monday</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tuesday</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Wednesday</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Thursday</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Start Date:				

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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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