

09.01b Application to join



Kennedy Drive
Pangbourne
RG8 7LB
Tel: 0118 984 1661
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:	

10.3 Application to join



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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:				
	Morning	Lunch Club	FS1 Pick up	Afternoon
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<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:** _____
