

# Registration Form

**P K C**  
**THE PLACE TO BE**  
**Pennies kids clubs**

Club: \_\_\_\_\_ Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age of Child: \_\_\_\_\_

Sex of Child: Boy  Girl  Religion/Faith of Child: \_\_\_\_\_

Mother: Mrs/Ms/Miss: \_\_\_\_\_

Father: Mr: \_\_\_\_\_

Legal Guardian: Mr/Mrs/Ms/Miss: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Home Email: \_\_\_\_\_

Mother's Work Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Email: \_\_\_\_\_

Father's Work Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Email: \_\_\_\_\_

## Alternative contacts who may collect your child or be telephoned in an emergency

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name and Address of Child's Doctor \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_

# P K C Breakfast Club

Preferred Sessions (please tick)	Monday	Tuesday	Wednesday	Thursday	Friday
Morning - 7.00am-9.00am					

# P K C After School Club

Preferred Sessions (please tick)	Monday	Tuesday	Wednesday	Thursday	Friday
Afternoon - 3.00pm-6.30pm					

# P K C Holiday Club

Preferred Sessions (please tick)	Monday	Tuesday	Wednesday	Thursday	Friday
Morning 7.30am-1.00pm					
Afternoon 1.00pm - 6.30pm					

## Preferred Start Date \_\_\_\_\_

Which School will your child be attending for pick up? \_\_\_\_\_

### IMPORTANT

Deposit of 50% of one month's fees payable to be included with the registration documents. Only upon receipt of this will the place be confirmed (subject to availability). The amount will be refunded by direct payment into your bank account the month after your child has left, as long as all fees and any extra charges have been settled.

### **NEW STARTERS**

For new starters the deposit will only be refunded if a minimum of three months notice is **given in writing** that the place is no longer required. If starting within 3 months the place must be cancelled **in writing** within 14 days after the place has been confirmed for the deposit to be refunded.

I wish to apply for Nursery Care on the days and sessions indicated above. I have read and agree to abide by Pennies Day Nurseries Terms and Conditions and I agree to pay all fees as required. I enclose a deposit of 50% of one month's fees (cheques to be made payable to Pennies Day Nursery Ltd).

Mother's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Carer's Signature: \_\_\_\_\_ Date \_\_\_\_\_

THIS APPLICATION IS PROVISIONAL AND NOT GUARANTEED UNTIL CONFIRMED IN WRITING

To help us please tell us how you heard about the Clubs? \_\_\_\_\_

Do you work within the Newnham Court Shopping Village? \_\_\_\_\_

Have you visited our web site? \_\_\_\_\_

### **For office use only**

Method of Payment Reg Fee Paid £ _____ Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling Discount Applicable: 10% <input type="checkbox"/> Other <input type="checkbox"/>	CASH CHEQUE VISA MASTERCARD			
Agreed Start Date _____	Confirmation letter sent Yes <input type="checkbox"/> No <input type="checkbox"/>	Date _____		