

COPTHORNE VILLAGE HALL, COPTHORNE BANK, COPTHORNE, RH10 3RE

www.peterpanplaygroup.com INFO@PETERPANPLAYGROUP.CO.UK

2: 07745 255501

rlease Email regarding waiting list enquiries

PETER PAN PLAYGROUP APPLICATION FOR ADMISSION

Provider

Please note, if you require a start date after September, you will go on a waiting list and be

contacted approx available. After S	•				firm	which or if any sessions are
Name of child						
Date of Birth						
Male/Female						
Name of Parent/Guardian						
Address Includir	ng Post code					
Telephone Numl	her					
Email Address						
When a place bed attend the following	ing sessions ea	ch weel	k (please tick as		priat	, , , , , , , , , , , , , , , , , , ,
	MORNING SESSION 09:15 - 12:15		LUNCH CLUB			TERNOON SESSION
	09:15 - 12	:15	5 12:15 - 13:15		(for children over 3 years of age) 12:15 – 15:15	
				(Can be consecutive with the mosession)*		onsecutive with the morning
MONDAY						•
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
Vhen would you	like your child	to start	(please circle)?			
2 Years			2½ years			Other please specify
Have you applie which one?	d to another pl	aygroup	o/nursey and if	SO		
Is your child ent entitlement for valued funding code.						
	olaygroup as so	oon as p	possible if the pl	ace is	no lo	nger needed i.e. moving hon
Signature of Par	ent(s)/Guardia	n(s)				
Print Name						
Date						