



DAVINGTON PRIMARY SCHOOL ASC AND HOLIDAY CLUB

REGISTRATION FORM – 2025

Forename		Home Address
Surname		
Preferred Name		

School		Additional needs (AEN/SEN)	
Year Group And Date Of Birth		Is the child subject to any CHIN or CP plan?	
First Language		Religion	

PASSWORD	<i>Please complete this section – Thank you</i>
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EMERGENCY CONTACT INFORMATION						
	Contact Name and Relationship	Home Tel.	Mobile Tel.	Work Tel.	Email Address	
1						
2						
3						
Where a listed contact with parental responsibility does not live at the same address as the pupil.						
Contact Name		Address				

MEDICAL INFORMATION			
Medical Practice		Dietary Needs <i>Please write any dietary allergies or intolerances here</i>	
Telephone Number		Allergies	
Medical Condition	Summary and notes:		
Consent for medical treatment for on-site and off-site activities	<p>Please sign below that you are happy for your child</p> <ul style="list-style-type: none">To take part in DPS Holiday Club trips and other activities that take place off school premisesFor first aid to be administered by a qualified first aider, in accordance with their training, in the event of a minor incidentIn the event of my child requiring emergency treatment and the Headteacher (or his representative) being unable to contact me, I give consent for the member of staff in charge to approve the application of any emergency treatment including anaesthetic advised by the medical authorities for the wellbeing of my child		

Please use this box to share any further information about your child which may be relevant:

Membership Agreement

- I understand that payment is due in advance and that a charge will be incurred for the place reserved for my child unless 2 weeks' notice has been given
- I confirm that the information that has been provided is accurate and complete
- I agree that it is my responsibility to inform the club of any changes to this information, especially any changes with regards to adults with permission to collect my child
- I am aware that information regarding my child will remain confidential and will not be shared with anyone outside of Davington Primary School without my permission unless the circumstances fall within a child protection issue
- I understand and agree to pay the fees in accordance with Davington Primary Schools payment policy
- I understand that Davington School reserve the right at any time to withdraw the After School club service to those who do not follow its Davington School Values.

Days required

Only application for Davington After School Club

- I am interested in my child attending Davington After School Club on the following days
(*please tick accordingly*):

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

**NAME OF PERSON
COMPLETING FORM:**

SIGNED:

DATE:



Davington After School and Holiday Club Fee's

After School Club

Term-time 3.15pm until 6pm

Charge - £12 per child

Please use ParentPay to credit your account. If you are using a Childcare Voucher Scheme, please make sure you confirm the payment reference by emailing the details to office@davington.kent.sch.uk

Holiday Club

Full Day Childcare only (8am-6pm)

(Mid-morning and afternoon snack is included along with daily activities)

Charge - £37 per child

Once your child's place at Holiday Club has been confirmed, please use ParentPay to credit your account immediately. If you are using a Childcare Voucher Scheme, please make sure you confirm the payment reference by emailing the details to office@davington.kent.sch.uk

Late Collection

Late collection fees for **emergencies only** are as detailed:

- 6.01 – 6.15pm £15.00
- £5.00 for every 5 mins thereafter

A late collection fee will be charged at the same rate during Holiday club for the late collection of children from sessions booked.