



DAVINGTON PRIMARY SCHOOL ASC AND HOLIDAY CLUB REGISTRATION FORM

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:
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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 premises For first aid to be administered by a qualified first aider, in accordance with their training, in the event of a minor incident In 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
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Please use this box to share any further information about your child which may be relevant:

Membership Agreement

- 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 anytime to withdraw the After School club service to those who do not follow its Davington School Values.

NAME OF PERSON COMPLETING FORM:	
SIGNED:	
DATE:	