

DAVINGTON PRIMARY SCHOOL ASC AND HOLIDAY CLUB REGISTRATION FORM

Forename					П	ome Address			
Surname									
Preferred Name									
School					lditional needs EN/SEN)				
Year Group And Date Of Birth					to	the child subject any CHIN or P plan?	ct		
First Language						ligion			
					·		·		
PASSWORD Please complete this section – Thank you.									
EN	IERGENCY CON	ITACT	INFORMATION						
	Contact Name a Relationship	and	Home Tel.	Mobile Tel.		Work Tel.	Email Address		
ı									
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					Please write any dietary allergies or intolerances here				
Telephone Number					Allergies				
Medical Condition			Summary and notes:						
Consent for medical treatment for on-site and off-site activities		 Please sign below that you are happy for your child 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 							

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. 						
NAME OF PERSON COMPLETING FORM:						
COM LETING FORM:						
SIGNED:						
DATE:						

Davington After School and Holiday Club Fee

Fees - 2022-2023

After School Club

Term-time 3.15pm until 6pm

I child £10.50

Additional siblings £9.50

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)

I child £37.00

Additional siblings £33.00

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 £10.00
- £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.