## Davington Primary School Davington After School Club and Holiday Play Scheme

## PLEASE COMPLETE THIS FORM IF YOU WISH YOUR CHILD TO ATTEND THE AFTER SCHOOL CLUB FROM SEPTEMBER.



## **INTEREST FORM 2025/2026**

## **Personal Information**

Child's Name:	Date	of Birth:
Known as (if different from above):		
Name of Parents:		
Or Person with Legal Parental Responsibility (if	appropriate):	
Child's Home Address and Postcode (or add	esses if more than on	ne):
Main residence		Second residence (if appropriate)
Adult at this address		Adult at this address
Home Phone Number: Email:		Home Phone Number: Email:
Send letters here by email / post (c	delete)	Send letters here by email/post (delete)
Language spoken at home:		
Cabaal Information		
School Information		
School Attended:	School contact r	number:
Classroom contacts name:		
Address:		Does/will your child attend a Breakfast Club: YES / NO
Postcode:		
Days required		
wish my child to attend Davington After Scho	ol club - Cost per ses	esion £12 per child
Mon Tues	Weds	Thurs Fri (please tick)
	₩eds	(piease tiek)
From		
Someone will contact you with availability and	a Registration form	on the contact details provided
Someone will contact you with availability and	a Registration form of	If the contact details provided.
Holiday Club		
I wish my child to attend the Davington Holida	y Playscheme. Co	ost per session £37 per child
Someone will contact you with Registration fo	rm and Holiday club ir	nformation on the contact details provided.
Signed:		Date: