

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 2023/2024

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 addresses if more than one):

Main residence
Adult at this address

Second residence (if appropriate)
Adult at this address

Home Phone Number:

Email:

☐ Send letters here by email / post (delete)

Home Phone Number:

Email:

☐ Send letters here by email/post (delete)

Language spoken at home:

School Information

School Attended:

School contact number:

Classroom contacts name:

Address:

Does/will your child attend a Breakfast Club: YES / NO

Postcode:

Days required

I wish my child to attend Davington After School club

☐ Mon ☐ Tues ☐ Weds ☐ Thurs ☐ Fri (please tick)

From.....

Someone will contact you with availability and a Registration form on the contact details provided.

Holiday Club

I wish my child to attend the Davington Holiday Playscheme. ☐

Someone will contact you with Registration form and Holiday club information on the contact details provided.

Signed: Date:



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	Please complete this section – Thank you.
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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 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 		



Davington After School and Holiday Club Fee's

After School Club

Term-time 3.15pm until 6pm

1 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)

1 child £33.00

Additional siblings £30.00

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 – 6.10pm £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.