

DAVINGTON PRIMARY SCHOOL ASC AND HOLIDAY CLUB REGISTRATION FORM

Forename					Н	ome Address				
Surname										
Preferred Name										
School						dditional needs AEN/SEN)	•			
Year Group And Date Of Birth					Is the child subject to any CHIN or CP plan?		ect			
First Language						eligion				
PASSWORD Please complete this section – Thank you.										
EN			INFORMATION							
	Contact Name Relationship	e and	Home Tel.	Mobile Tel.		Work Tel.	Er	mail Address		
I										
2	2									
3										
W	here a listed co	ntact with	n parental respoi	nsibility does r	not live	at the same ad	dress a	s the pupil.		
Contact Name		Address								
MI	EDICAL INFOR	MATION	<u> </u>							
Medical Practice					y Needs rrite any dietary					
				allergies or intolerances						
T				here						
Telephone Number			6	Allergi	Allergies					
Medical Condition		Summary and notes:								
			Please sign hals	that you are be	DDV for:	rour child				
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							
		cal	 For first aid to be administered by a qualified first aider, in accordance with their training, in 							
			and 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:					
COMPLETING FORM:					
SIGNED:					
DATE:					

Davington After School and Holiday Club Fee's

Fees - 2022-2023

After School Club Term-time 3.15pm until 6pm

I child	£9.00
2 siblings	£17.00
3 siblings	£25.00
4 siblings	£33.00

Please use ParentPay to credit your account.

Holiday Club Full Day Childcare 8am-6pm		Half Day Childcare 8am-1pm /1pm-6pm		
I child	£ 30.00	£20.00		
2 siblings	£ 55.00	£40.00		
3 sibling	£ 80.00	£60.00		

When booking a place at Holiday Club please ensure payment is received via ParentPay at the time of sending your booking form. Places for Holiday Club cannot be confirmed until we receive payment – thank you.

Late Collection

Late collection fees for <u>emergencies only</u> are as detailed: 6.01 - 6.15pm £10.00 £5.00 for every 5 mins thereafter

(Social services will be called if no arrangements have been made by this time)

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