## 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 2024/2025

#### **Personal Information**

Child's Name:	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) Language spoken at home:	Home Phone Number: Email: Send letters here by email/post (delete)								

### **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)				
		(									
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:						