

# PRIMARY SCHOOL FREE BREAKFAST

Please complete and return to the school

Child's name:	Class:
Attendance	
Please indicate which days your child will be attending the breakfast session	
Mon      Tues      Wed	Thurs      Fri
Special Dietary requirements	
Does your child have any food allergies/intolerances	Yes      No
If yes please provide details	
Other information	
Please provide details of any other information you feel relevant to your child's attendance at the breakfast session	
Contact Details in case of an emergency	
Name:	Phone Number:
Relationship to child:	
Name:	Phone Number:
Relationship to child:	
I confirm I would like my child to attend the breakfast club sessions starting	
Signature of Parent/Guardian:	
Date:	