

FREE Breakfast Club



Please complete and return to the school if you wish your child to attend breakfast club.

Child's name:		Class:		
Please tick which days your child will be attending the breakfast session.				
Mon	Tues	Weds	Thurs	Fri
Special Dietary requirements				
Does your child have any food allergies / intolerance? (please tick yes or no)			YES	NO
If yes, please provide details				
Contact details in case of an emergency				
Name:		Phone Number:		
Relationship to child:				
Name:		Phone Number:		
Relationship to child:				
I confirm that I would like my child to attend the breakfast sessions when they start.				
Signature of Parent / Guardian:			Date:	