Primary School Free Breakfast

Please complete and return

Child's name			Class	
Attendance				
Please indicate which days your child will be attending the breakfast session				
Monday	Tuesday	Wednesday	Thursday	Friday
Special Dietary requirements				
Does your child have any food allergies? 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	
I confirm that I would like my child to attend the breakfast sessions when they start				
Signature of Parent/Guardian			Date	