## 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 | | | | |
| Mon | Tue | Wed | Thurs | Fri |
| **Special Dietary requirements** | | | | |
| Does your child have any food allergies/intolerance? | | | 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 that I would like my child to attend the breakfast sessions when they start. | | | | |
| Signature of Parent/Guardian: | | | Date: | |