

# PRIMARY SCHOOL FREE BREAKFAST

Please complete and return to the school asap

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