



# PRIMARY SCHOOL FREE BREAKFAST

Please complete and return to the school by . . . . .

Child's Name:		Class:		
<b>Attendance</b>				
Please indicate which days your child will be attending the breakfast session				
Mon	Tues	Wed	Thurs	Fri
<b>Special Dietary requirements</b>				
Does your child have any food allergies/intolerance? Yes <input type="checkbox"/> No <input type="checkbox"/>				
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 any 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 start.</b>				
Signature of Parent/Guardian:				
Date:				