

PRIMARY SCHOOL BREAKFAST

Please complete and return to school.

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/intolerances?			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 breakfast sessions.				
Signature of Parent/Guardian:			Date:	