*Please complete and return to the school*

|  |  |
| --- | --- |
| Child’s name:  | Class: |
| **Attendance** |
| Please circle which days your child will be attending free breakfast sessions. |
| Mon | Tues | Wed | Thurs | Fri |
| **Special dietary requirements** |
| Does your child have any food allergies/ intolerances/religious requirements/observances? (Please circle) | 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 free breakfast sessions. |
| **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 free breakfast sessions when they start. |
| Signature of Parent/Carer: | Date: |