*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: | | | | | |