



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:	