Ysgol Gynradd Catholig Sant Joseff St Joseph's Catholic Primary School

Mr J Wilkinson Bsc (Hons) Head teacher



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 shild's attendance at the free								
Please provide details of any other information you feel relevant to your child's attendance at the free breakfast sessions.								
Sicalitate 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/0	ignature of Parent/Carer: Date:							