**PRIMARY SCHOOL FREE BREAKFAST**

Please complete and return to the school by…………………………………………………………

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| **Child’s Name: Class:** |
| Attendance: |
| Please indicate which days your child will be attending the breakfast session: |
| Mon  | Tues | Wed | Thurs | Fri |
| **Special Dietary requirements** |
| Does your child have any food allergies/intolerance? Yes No |
| If yes, please provide details: |
| **Other Information** |
| Please provide details of any other information you feel relevant to the 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 the breakfast session when they start**. |
| Signature of Parent/Guardian: |
| Date: |