**PRIMARY SCHOOL FREE BREAKFAST**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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: | | | | | |