



BREAKFAST CLUB 8.00am – 8.45am
Breakfast only served until 8.30am

'Learning and Growing Together'

'Dysgu a Thyfu Gyda'n Gilydd'

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 provide details					
School Transport – <i>only applicable if your child currently uses school transport</i>					
Please indicate whether, if feasible to arrange, you would like your child to continue to use school transport to get to the breakfast session.			Yes	No	
Other information					
Please provide details of any other information you feel relevant to your child's attendance at the breakfast session.					
Details in case of 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 sessions.					
Signature of Parent and Guardian:			Date:		