PRIMARY SCHOOL FREE BREAKFAST

Eager to Learn. Proud to Achieve.

Awyddus i Ddysgu. Balch i Gyflawni.

Child's name:	Class:

Attendance

Please indicate which days your child will be attending free breakfast sessions. Please tick

Mon	Tue	Wed	Thurs	Fri

Special dietary requirements

Does your child have any food allergies/intolerances/religious Requirements/observances? Please tick	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 school/return to school.

Signature of Parent/Carer:	Date: