



PRIMARY SCHOOL FREE BREAKFAST CLUB

Please complete and return to the school office

Child's Name:	Class:
Special Dietary Requirements	
Does your child have any food allergies/intolerance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details.	
Other Information	
Please provide details of any other information you feel relevant your child's attendance at the breakfast session.	
Contact Details In Case Of An Emergency	
Name:	Phone Number:
Relationship To Child:	
Name:	Phone Number:

I understand that behaviour deemed unacceptable by the cook's team may result in my child being refused entry.

Signed _____ Date _____