

Breakfast Club Form

Childs Name:				Class:	
Please indicate which days your child will be attending the breakfast session:					
Mon	Tue	Wed	Thurs	Fri	
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 your child's attendance at the Breakfast Club					
Contact details in case of an emergency					
Name:			Phone No. 1		
Relationship to child			Phone No. 2		
Name:			Phone No. 1		
Relationship to child			Phone No. 2		
I hereby confirm that I would like my child to attend the above breakfast sessions					
Signed:					
Date:					