BRYNMENYN PRIMARY SCHOOL

FREE BREAKFAST CLUB FORM

PLEASE COMPLETE. THIS FORM MUST BE BROUGHT TO SCHOOL FOR ENTRY INTO BREAKFAST CLUB

Child's name:			Class:		
Attendance					
Please indicate which days your child will be attending the breakfast session					
Mon	Tue	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 your child's attendance at the breakfast session					
Contact 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 session when they start.					
Signature of Parent/Guardian:			Date:		

PLEASE NOTE: PARENTS MUST ACCOMPANY CHILDREN TO THE BREAKFAST CLUB DOOR.

DOORS OPEN AT 8:20AM AND CLOSE AT 8:30AM – NO ADMISSION AFTER 8:30AM.