



**YSGOL GYMRAEG BRO OGWR
PRIMARY SCHOOL FREE BREAKFAST CLUB**

- Please complete one form for each child wishing to attend breakfast club.
- Forms must be received by the school. No form = no admission.

Child's name (one child only, do not add siblings):	Class:			
Attendance: Please tick which days your child will be attending the breakfast session				
Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
Special dietary requirements				
Does your child have any food allergies/intolerances? Yes* <input type="checkbox"/> No <input type="checkbox"/>				
*If yes, please provide details:				
Other Information: Please provide details of any other information that you feel is relevant to your child's attendance at the free breakfast sessions, if applicable				
Contact details in case of an emergency Please provide details of 2 contacts, who will be available during the breakfast club duration of 8:10am – 8:50am.				
Name and Telephone Number:				
Relationship to child:				
Name and Telephone Number:				
Relationship to child:				
I confirm that I would like my child to attend the breakfast sessions.				
Print and Sign Name of Parent/Carer:				
Relationship to child:	Date:			