

# YSGOL Y DDRAIG



## Breakfast Club Form



Please complete and return to the school.

<b>Child's name:</b>				<b>Year:</b>					
Please indicate below which days your child will be attending our <b>FREE</b> Breakfast Club from <b>8.00am</b> by marking a cross in the appropriate box.									
Mon	<input type="checkbox"/>	Tue	<input type="checkbox"/>	Wed	<input type="checkbox"/>	Thurs	<input type="checkbox"/>	Fri	<input type="checkbox"/>
<b>Special Dietary requirements</b>									
Does your child have any food allergies/intolerance?				Yes		No			
If yes, please provide details									
<b>Other information</b>									
Please provide details of any other information you feel relevant to your child's attendance at the Breakfast Club sessions:									
<b>Contact details in case of an emergency</b>									
Name:				Phone number:					
Relationship to child:									
Name:				Phone number:					
Relationship to child:									
<b>I confirm that I would like my child to attend the Breakfast Club sessions.</b>									
Signature of Parent/Guardian:				Date:					
Print Name:									