Oaklands Primary School
Free Breakfast Club

Please complete and return to school

Child's Name:				**Class:**
Attendance:				
Please indicate which days your child will be attending free breakfast sessions:				
Mon:	**Tue:**	**Wed:**	**Thurs:**	**Fri:**

Special Dietary requirements:		
Does your child have any food allergies/intolerances/religious requirements/observations? **(Please tick)**	**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 free breakfast sessions.		

Contact details in case of an emergency	
Name:	Phone number:
Relationship to the child:	
Name:	Phone number:
Relationship to the child:	
I confirm that I would like my child to attend free breakfast sessions when they start school/return to school:	
Signature of Parent/carer:	Date:

Together Everyone Achieves More