

# Llandeilo Primary

## Breakfast Club

Child's name:	Class:	
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 an emergency		
Name:	Phone number:	
Relationship to child:		
Name:	Phone number	
Relationship to child		
I confirm I would like my child to attend the breakfast sessions.		
Signature of Parent/Guardian	Date:	