

Sketty Primary School

Breakfast Club.



Please complete and return to school

Child[ren]'s name:		Class:		
Attendance: Please indicate which days your child will be attending the breakfast session:				
Monday	Tuesday	Wednesday	Thursday	Friday
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 No:		
Relationship to child:				
Name:		Phone No:		
Relationship to child:				
I confirm that I would like my child to attend the breakfast sessions				
Signature of Parent/Guardian:		Date:		

Article 28 of the UNCRC: All children and young people have the right to education

Eich hawl i ddysgi a mynd i'r ysgol

