All Saints Church in Wales Primary School Free Breakfast Club



Child's name:				
Year Group:				
Please indicat breakfast club		h days your chi	ld will be atte	nding
Monday	Tuesday	Wednesday	Thursday	Friday
Does your ch provide deta	-	food allergies/i	ntolerance? If	so, please
I confirm I wo	•	ild to attend fr	ee breakfast o	lub provision
Signed:				
Date:				