



Bedwas Junior School – Free Breakfast Registration Form

Please complete and return to the school as soon as possible:

Child's name:			Class:	
Attendance				
Please indicate which days your child will be attending the breakfast session				
Mon	Tue	Wed	Thurs	Fri
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 that I would like my child to attend the breakfast sessions when they start.				
Signature of Parent/Guardian:			Date:	