



ROGERSTONE PRIMARY SCHOOL BREAKFAST CLUB

Child's Name:			Class:	
Please tick which days your child will be attending breakfast club (this is only an indication not a commitment)				
Mon	Tues	Wed	Thurs	Fri
Special dietary requirements				
Does your child have any food allergies/intolerance?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details				
Other information				
Please provide details of any information you feel relevant to your child's attendance at breakfast club				
Contact details in case of emergency				
Name:			Phone Number:	
Relationship to child:				
Name:			Phone Number:	
Relationship to child:				
<ul style="list-style-type: none">• I confirm that I would like my child to attend breakfast club when a place is available• I understand there is charge of £1 per session if my child arrives before 8.15am to cover additional supervision costs.• I understand that my child needs to attend at least once a week in order to maintain their place.				
Signature of Parent/Guardian:				
Date:				

Please return the signed form to the office. The school reviews breakfast club use on a termly basis.