



Breakfast Club

Please complete the details below and return to the school office

Surname:	Forename:
Date of Birth:	Reg Group:
Address:	Post Code:

Medical Notes/Allergies:

Please give details of all persons who have responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish them to be contacted in an emergency

Contact 1	Name:	Contact Number:
Contact 2	Name:	Contact Number:

Days of attendance:
Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/>

What drink does your child prefer?:
Milk <input type="checkbox"/> Water <input type="checkbox"/> Orange Juice <input type="checkbox"/> Apple Juice <input type="checkbox"/>

What does your child like to eat for breakfast?:
Cereals:
Weatabix <input type="checkbox"/> Shredded Wheat <input type="checkbox"/> Ready Brek <input type="checkbox"/> Porridge <input type="checkbox"/>
Cornflakes <input type="checkbox"/>
Toast:
Brown <input type="checkbox"/> White <input type="checkbox"/> Marmite <input type="checkbox"/> Jam <input type="checkbox"/> Marmalade <input type="checkbox"/>
Honey <input type="checkbox"/>
Occasionally:
Bacon <input type="checkbox"/> Eggs <input type="checkbox"/>