



St Joseph's Catholic Primary School

PRIMARY SCHOOL BREAKFAST

Child'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

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Other information

Please provide details of any other information you feel relevant to your child's attendance at the breakfast session

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Contact details in case of an emergency

Name:

Phone number :

Relationship to the child:.....

Name:.....

Phone number :.....

Relationship to the child:.....

I confirm that I have read the information given and will comply with the regulations and I would like to attend the breakfast sessions.

I will pay in advance the week before on the Friday £1.50 for each session (siblings are half price). I will either pay online on hand in the money in an envelope.

Signature of parent/ guardian:.....

Date:

E-Mail : St.Josephs.RCPprimary.School@swansea-edunet.gov.uk

School Website : <http://www.stjosephs.swansea.sch.uk>

