

## BREAKFAST CLUB REQUEST FORM

Name:				
Age:		Class:		
Parent contact number:				
Parent email address:				
Start Date:				
Days Required (Please tick box)				
Monday	Tuesday	Wednesday	Thursday	Friday
Please indicate your child's dietary preferences:				
Toast		Cereal		
Butter		Water		
Marmite		Milk		
Jam				
Please advise us of any allergies/food intolerances below:				
Parent Signature:				
Date:				

## OFFICE USE ONLY

Space available	YES/NO
Copy to Breakfast Club (date)	
Finance informed (date)	