

## Ysgol Gynradd Wood Memorial Wood Memorial C.P. School

## 'From little acorns, mighty Oaks grow'











## **Breakfast Club Registration Form**

7:50am-8:20am (£2.00) 8:20am-8:50am (Free)

Child's Name & Class:			
Home address:			
Does vour child have any dietary requirements, allergies or intolerances? Yes No			
Does your child have any dietary requirements, allergies or intolerances?  If yes, please provide details:			No
il yes, piease provide details.			
Other relevant information of modica	l neede eessesibility	Yes	No
Other relevant information e.g. medical needs, accessibility  If yes, please provide details:		res	INO
li yes, piease provide details.			
Emergency contact details:	Hama abasa sumban		
Name:	Home phone number:		
Relationship to child:	Mobile phone number:		
Name:	Home phone number:		
Relationship to child:	Mobile phone number:		
Name:	Home phone number:		
Relationship to child:	Mobile phone number:		
GP's name and address:			
Signature of parent/guardian:			
eignature of parent guardian.			
Date:			







