

# Hawthorn Primary School



## Free Breakfast Club Form

Name of Child/ren: \_\_\_\_\_

Year Group (s): \_\_\_\_\_

Please indicate below which days your child will be attending breakfast club:

Monday	Tuesday	Wednesday	Thursday	Friday

Does your child have any food allergies/intolerance? If so, please provide details below:

I confirm I would like my child to attend free breakfast club provision on the above days.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_