



Fairfield and Colneis Early Bird Breakfast Club

APPLICATION

I would like my child _____ in Class _____

to attend the club from 8 – 9am on:

Mon Tues Wed Thurs Fri

Please specify if there are any alternative arrangement required to meet your needs:

FOOD PREFERENCE

Does your child have any of the following food preferences?

(please tick as appropriate)

Vegetarian

Vegan

Kosher

Diabetic

Other.....

Not applicable/no special diet

Allergies/Sensitivities

Does your child have any food allergies? Yes No

If yes, please list foods and reaction _____

Does your child have any food intolerances or sensitivities? Yes No

If yes, please list foods and reaction _____

Emergency Contact Name and Number:

1) _____

2) _____

3) _____

Signature (Parent/Carer)

Date