

PRIMARY SCHOOL FREE BREAKFAST - Reception – Year 6 children

Please complete and return to the school

| | | | | |
|---|-----|-----|---------------|-----|
| Child's name: | | | Class: | |
| Attendance | | | | |
| Please indicate which days your child will be attending the breakfast session | | | | |
| Mon | Tue | Wed | Thurs | Fri |
| Special Dietary requirements Does your child have any food allergies/intolerance? | | | Yes | No |
| If yes, please provide details | | | | |
| Other information | | | | |
| Please provide details of any other information you feel relevant to your child's attendance at the breakfast session | | | | |
| Contact details in case of an emergency | | | | |
| Name: | | | Phone number: | |
| Relationship to child: | | | | |
| Name: | | | Phone number | |
| Relationship to child: | | | | |
| I confirm that I would like my child to attend the breakfast sessions when they start. | | | | |
| Signature of Parent/Guardian: | | | Date: | |

BRECWAST AM DDIM MEWN YSGOLION CYNRADD – Plant Derbyn i Flwyddyn 6

Llenwch a'i dychwelyd i'r ysgol

| | | | | |
|---|--------|-----------|------------|---------|
| Enw'r plentyn: | | Dosbarth: | | |
| Yn bresennol | | | | |
| Nodwch pa ddyddiau y bydd eich plentyn yn mynychu'r sesiwn frecwast – | | | | |
| LLun | Mawrth | Mercher | Iau | Gwener |
| Gofynion Deietegol Arbennig A oes gan eich plentyn unrhyw alergedd/anoddefiad bwyd? | | | Oes | Nac oes |
| Os Oes, nodwch y manylion | | | | |
| Gwybodaeth arall | | | | |
| Rhowch fanylion am unrhyw wybodaeth arall y teimlwch sy'n berthnasol i bresennoldeb eich plentyn yn y sesiwn frecwast | | | | |
| Manylion cyswllt mewn achos o argyfwng | | | | |
| Enw: | | | Rhif Ffôn: | |
| Perthynas â'r plentyn: | | | | |
| Enw: | | | Rhif ffôn | |
| Perthynas â'r plentyn: | | | | |
| Rwy'n cadarnhau y byddwn am i fy mhleintyn fynychu'r sesiynau brechwast pan fyddant yn dechrau. | | | | |
| Llofnod Rhiant/Gwarcheidwad | | | Dyddiad: | |