



## Welsh Government Free Breakfast Club Registration Form

Which days do you want your child to have a Free Breakfast?

Please tick boxes below:

Monday		Tuesday		Wednesday		Thursday		Friday	
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### Child's details

First Name:	Last Name:
Date of Birth:	
Person who usually drops-off child:	
Telephone:	Relationship to child:
Emergency contact person:	
Telephone:	Relationship to child:
Parent/Carer's Declaration. I have read and accept the Agreement.	
Your name:	Your signature: