



"Working Together, Learning Forever"

Breakfast Club

I wish my child: _____ to participate in breakfast club.

Class Teacher: _____

I confirm that they *do/do not have any known food allergies.

If food allergies are known please give full details below:

Signed: _____ parent/guardian

* Please detail as appropriate

Mrs A Bastian B.Ed. (Hons)

Headteacher

Mr M Bowen B.Ed. (Hons)

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