



## Breakfast Club at North Downs Primary School

Child's Name..... Class.....

### Contact Numbers

- |         |                             |              |
|---------|-----------------------------|--------------|
| 1. .... | Relationship to Child ..... | Email .....  |
| 2. .... | Relationship to Child ..... | Email: ..... |
| 3. .... | Relationship to Child ..... | Email: ..... |

### Doctors Details

..... Telephone Number .....

### Dietary and Medical Information

Please complete YES or NO. If the answer is YES, please give full details	YES / NO	Details
• Is your child a vegetarian?		
• Does your child have any specific dietary requirements?		
• Does your child have any allergies e.g. food, insects?		
• Has your child been given any specific medical advice to follow in emergencies?		
• Any medical conditions for us to be aware of?		

To ensure sufficient food is ordered, please state below which days you wish your child to normally attend Breakfast Club

Monday	Tuesday	Wednesday	Thursday	Friday
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Signed: ..... (Parent / Guardian)                      Date: .....

**Head Teacher: Mrs. Jane Douglass**  
**North Downs Primary School**  
 Telephone: 01737 843384  
 Email: [info@northdowns.surrey.sch.uk](mailto:info@northdowns.surrey.sch.uk)

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 Betchworth Village, The Street, Betchworth, Surrey RH3 7DJ Fax: 01737 843295  
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