



**RUSHY RISERS BREAKFAST CLUB
APPLICATION FORM**

Child's Name : _____ Class: _____

Child's Name : _____ Class: _____

Which days will the child(ren) attend: (please tick)

<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday
--------------------------	--------	--------------------------	---------	--------------------------	-----------	--------------------------	----------	--------------------------	--------

Please tick the cereals your child likes: (please tick)

<input type="checkbox"/>	Rice Krispies	<input type="checkbox"/>	Weetabix	<input type="checkbox"/>	Cheerios	<input type="checkbox"/>	Cornflakes	<input type="checkbox"/>	Shreddies
--------------------------	------------------	--------------------------	----------	--------------------------	----------	--------------------------	------------	--------------------------	-----------

We prefer not to supply chocolate based cereals.

We supply semi skimmed milk with the cereals .

Please tick any of the following fruit juices and food that your child would like to eat/drink:

<input type="checkbox"/>	Apple Juice	<input type="checkbox"/>	Orange Juice	<input type="checkbox"/>	White Bread	<input type="checkbox"/>	Brown Bread
--------------------------	-------------	--------------------------	--------------	--------------------------	-------------	--------------------------	-------------

<input type="checkbox"/>	Jam	<input type="checkbox"/>	Marmalade	<input type="checkbox"/>	Marmite
--------------------------	-----	--------------------------	-----------	--------------------------	---------

Please state clearly if your child has any allergies or special requirements:

Signed : _____ Parent/Guardian

Emergency Contact number before 9.00am _____

Please return this completed form to the office.