

Clwb Brecwast / Breakfast Club

Ysgol Gymraeg Brynsierfel



Please complete and return to the school before your child attends breakfast club for the first time. This form must be renewed each September.

I understand that it is my responsibility to inform the school of medical conditions, food allergies or intolerances, and to hand over medication with the correct medication form.

I confirm that I have parental responsibility for the child named below.

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 and speak to the Cook In Charge.				
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 of Contact 1:		Phone number:		
Relationship to child:				

Name of Contact 2:	Phone number:
Relationship to child:	
I confirm that I would like my child to attend the breakfast sessions and that I have Parental Responsibility for this child.	
Signature of Parent/ Guardian:	Date:

Clwb Brecwast



Llenwch y ffurflen a'i dychwelyd i'r ysgol cyn i'ch plentyn fynychu'r Clwb Brecwast am y tro cyntaf. Rhaid adnewyddu'r ffurflen bob mis Medi.

Deallaf mai fy nghyfrifoldeb i yw hysbysu'r ysgol am gyflyrau meddygol, alergeddau neu anoddefgaewch bwyd, ac i drosglwyddo meddyginiaeth gyda'r ffurflen feddyginiaeth gywir.

Cadarnhaf fod gennyf gyfrifoldeb rhiant dros y plentyn a enwir isod.

Enw'r plentyn:		Dosbarth:		
Yn bresennol				
Nodwch pa ddyddiau y bydd eich plentyn yn mynychu'r sesiwn frechwast				
Llun	Mawrth	Mercher	Iau	Gwener
Gofynion Deietegol Arbennig				
A oes gan eich plentyn unrhyw alergedd/ anoddefiad?		Oes	Nac oes	
Os oes, nodwch y manylion a siaradwch gyda'r Prif Gogydd.				
Gwybodaeth arall				
Rhowch fanylion am unrhyw wybodaeth arall y teimlwch sy'n berthnasol i bresenoldeb eich plentyn yn y sesiwn frechwast.				
Manylion cyswllt mewn achos o argyfwng				
Enw Cyswllt 1:		Rhif Ffôn:		
Perthynas â'r plentyn:				

Enw Cyswllt 2:	Rhif Ffôn:
Perthynas â'r plentyn:	
Rwy'n cadarnhau hoffwn i fy mhentyn fynychu'r sesiynau brechwast a bod gen i Hawlau Rhiant dros y plentyn hwn.	
Llofnod Rhiant/ Gwarcheidwad:	Dyddiad: