

## SCHOOL CANTEEN REGISTRATION 2022/2023



Fees: 30,000 / 04 weeks

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Name:	Age	<b>:</b>
First name:	Clas	ss:
ALLERGIES: What food or spices For example: eggs, shrimps, peanuts, no	-	
What meals does your child reje For example: Milk products, croissant, b	banana, pineapple etc.	
Does your child have any pa	articular health condition?	
For example: diabetic, hypertension	n, obesity etc.	
For example: diabetic, hypertension	n, obesity etc.	
For example: diabetic, hypertension	n, obesity etc.	
Person to contact in case of		
Person to contact in case of	an emergency	
Person to contact in case of Parent/Guardian	an emergency Another person to contact	
Person to contact in case of Parent/Guardian Name:	an emergency Another person to contact Name:	
Person to contact in case of a Parent/Guardian  Name: Link: Address:	Another person to contact  Name: Link: Address:	
Person to contact in case of Parent/Guardian  Name: Link: Address: Phone:  This sheet has been initiated in orde	Another person to contact  Name: Link: Address: Phone:	ealth conditions
Person to contact in case of Parent/Guardian  Name: Link: Address: Phone:	Another person to contact  Name: Link: Address: Phone:	ealth conditions
Person to contact in case of a Parent/Guardian  Name: Link: Address:  Phone:  This sheet has been initiated in order when producing pre-established meaning the variation of dishes in the monthly	Another person to contact  Name: Link: Address: Phone:	