



HOT LUNCH AND MORNING SNACK PLAN
REGISTRATION FORM

Parent Information

Parents Name: _____

Student Information

Student's Full Name: _____ Grade _____

Student's Full Name: _____ Grade _____

Student's Full Name: _____ Grade _____

Student's Full Name: _____ Grade _____

Meal Options

(KES)	Term
Lunch Only	25,700
Lunch and Morning Snack	44,800

Food Allergy (Kindly tick the appropriate box)

Does your child suffer from any food allergy?

Yes No

If your child suffers from any food allergies please state below and attach a management plan from your doctor. We will not be able to provide this service until we receive this plan.

All subscription fees are non-refundable.

Parent's Name: _____ Date: _____

Signature: _____