## **LEBAHUT**



## **CANTEEN REGISTRATION FORM**

Date	:		
Parent	name :		
Phone i	number :	Email:	
	it name:		
Class			
FOOD	ALLERGIES NO		
	YES, list be	low please	
_			
	3 days a week	5 days a week	
		5 days a week ges for term 1	
	Charg	ges for term 1	
	<b>Charg</b> Option	ges for term 1  Charges in KES	
	Option  3 days a week	Charges in KES 20,000	
	Option  3 days a week	Charges in KES 20,000	e -
	Option  3 days a week  5 days a week	Charges in KES  20,000  25,000	e

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