CAFETERIA REGISTRATION FORM



SCHOOL YEAR 2018-2019

INSTITUTE OF CULINARY EDUCATION & MANAGEMENT, INC Cafeteria Direct: 9944994

Email: cafeteria.eis@gmail.com

STUDENT INFORM	ATION
Student's Name:	Canteen ID#:
Grade:	Section:Teacher's Name:
ALLERGIES or oth	er special concerns:
Name of Parent	or Guardian:
Contact Numbe	rs: Email Address:
•	der system guarantees that the food choice of your child is available and ready by the time of the cafeteria. Your child will not be in line buying their meals.
Please initial on t	the space provided to signify acceptance.
PRE-ORDERform.	I will be pre ordering and paying in advance for my child's meal weekly using the menu
	I understand that my child has an option to choose and purchase food and drinks in the is debit card. Meal selection for debit cards will be based on what is available.
	tand that my child needs to present the debit card during purchase. Debit card is necessary for recording purposes.
	that I am responsible to maintain sufficient balance on my POS card. I agree with the RANSACTION" policy. I also understand that all meals should be paid in advance.
	tand that cancellation of order should be made on or before 8AM in the morning. Any order advised properly to be cancelled cannot be credited the next day.
	vauthorize Institute of Culinary Education & Management, Inc. to take my child's photo on site on process if I cannot provide a 1" x 1" picture
** Please take no provided.)	ote of the following instructions from LFM Primary School Office: (Please sign on the space
	I agree, that only pre-order or lunch box is allowed for LFM Primary.
	I agree, that snacks cannot be sold to my child in LFM Primary without authorization letter.
authorized.	I agree, that the only drink that my child in LFM Primary can buy is water unless
PAYMENT LOCAT	IONS & OPTIONS
CANTE	EN LOADING STATION
Cash o	r Check – Please make check payable to: Institute of Culinary Education and Management, Inc
	, am in conformity with the above signed and conditions and agree to follow all rules set by the cafeteria provider and the school for the of cafeteria services.
Signature:	Date: