



Registration Form

Gecko Garden snack and lunch plan 2022-2023

Date (dd/mm/yy): ___ / ___ / ___

Student Information

1. Family name: _____
2. First name/Given name(s): _____
3. Date of birth (dd/mm/yy): ___ / ___ / ___
4. Sex: M / F
5. Meal plan:

Morning snack only (morning program)	<input type="checkbox"/>
Lunch and morning snack (full-day program)	<input type="checkbox"/>
Lunch, morning, afternoon snack (twilight program)	<input type="checkbox"/>

Payment can be made by cash (please inform the Gecko Garden office or your child's head teacher) or via electronic bank transfer.

- ABA transfer account # 002260869 (Veasna Hong)
- ACLEDA ToanChet account # 25 000 150 893 519 (Veasna Hong)

Nutritional and Medical Information

1. Food allergies: Yes / No
If yes, please specify: _____
2. Special dietary requirements: Yes / No
If yes, please specify: _____
3. Other allergies, medical conditions, or relevant information: Yes / No
If yes, please specify: _____

Parent or Legal Guardian Information

1. Name: _____ Phone number: _____
Relationship to student: _____ Email: _____
2. Name: _____ Phone number: _____
Relationship to student: _____ Email: _____

Authorization

1. Signature: _____ Name: _____