



**FOOD  
WAGON**

PO Box 135  
Rooihuiskraal  
Centurion, 0154

Tel: 012 661 8861

Fax: 012 661 8861

Cell: 083 431 9081

E-mail: [office@foodwagon.co.za](mailto:office@foodwagon.co.za)

## INFORMATION PAPER

We have two different baby food options. We also provide food for different nursery's in and around Pretoria.

### **Baby food 1 – 250ml (purity or more coarse)**

The 250 ml of baby food consists of:

- A meat portion (Mince or chicken).
- One starch.
- Three vegetables.

### **Baby food 2 – 350ml (only coarse)**

The 350 ml of baby food consists of:

- A meat portion (Mince or chicken).
- One starch.
- Three vegetables.

### **Baby food 3 – 500ml (only coarse)**

The 500 ml of baby food consists of:

- A meat portion (Mince or chicken).
- One starch.
- Three vegetables.

## **Delivery and Payment**

Delivery will take place in the Pretoria area at the kinder garden or residence. The driver, drives a route and will need to deliver when they are in the area. Payments are done in advance via EFT or cash.

If there is any inquiries please contact me.

Alida Swanepoel.



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STARTING DATE:

Name and Surname	
Delivery address	
Telephone	

**Payment: IN ADVANCE on a Monthly basis before the last working day of the month**

### Baby portions

Type of plan	Quantity portions	Indicate which days of the week					Baby food 1	Baby food 2	Baby food 3	Total
Five day plan		Mon	Tue	Wed	Thu	Fri	R 16.70	R 18.90	R 28.00	
Four day plan		Mon	Tue	Wed	Thu	Fri	R 17.20	R 19.40	R 28.50	
Three day plan		Mon	Tue	Wed	Thu	Fri	R 17.50	R 20.40	R 29.00	
<b>Example - (Five day plan): 21 meals per month = 21 meals per person X R16.70=</b>									R	
<b>R350.70</b>										

Baby food 1—250 ml	Tick a Box
Purity	
Course	

**Please note: We close down during weekends, public holidays and the Festive season.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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The following information must be completed in full. This should be done at registration for a new client or when personal details change.

Baby information	
Name	
Surname	
Birth date	
Kindergarten	
Allergies	
Parent information	
Full Name	
Surname	
Identity Number	
Work Tel.	
Home Tel.	
Cell	
E-Mail	
Street Address	
Postal Address	

I \_\_\_\_\_ hereby agree that above mentioned information is correct and to settle all accounts **one month in advance** Interest is payable on arrear accounts. I also agree to give written notice **two weeks** in advance if the service has to be stopped. To cancel any specific day it must be done at least **two days** in advance in order to receive credit for that day/s. Although all possible care is taken with the preparation and delivery of the food, it becomes the responsibility of the client upon delivery and THE FOODWAGON cannot be held responsible thereafter. Food should be refrigerated upon delivery and consumed the same day or frozen (Don't freeze longer than 6 months).

**A registration fee of R20.00 will be payable. (This refers to new clients only)**

Signed on this \_\_\_\_\_ day of \_\_\_\_\_ 2021

\_\_\_\_\_  
Parents signature



## EVALUATION FORM

Evaluate the food on a scale from 1 to 10 with 10 being excellent.

Evaluation	Marks	Comment
Smell		
Appearance		
Portion Size		
Taste		
Variety		