

LJCD Hot Lunch Program Enrollment Form '10 / '11 School Year

LAST NAME	FIRST NAME	GRADE	STUDENT ID #	ALLERGIES
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1. check here if new email address or new student

*Email address: _____

ADDRESS _____

Home Phone Number: _____

2. **Special Dietary Needs or Restrictions:** _____ **<Initials**

**Special notice: We recommend that any student that is required to eat a Gluten-Free Diet to refrain from the lunch program. Students required to participate in other special diets should be aware of their personal restrictions. This includes: lactose intolerance, vegetarian, vegan, or any special diet not listed.*

3. **Specific Day(s) your child will be ordering hot lunch**

Please check selected days:

All days

Or specific days checked:

Mondays (PIZZA DAY)

Tuesdays (SANDWICH) Wednesdays (ITALIAN) Thursdays (MEXICAN) Fridays (AMERICAN)

4. **Total amount to pre-pay**

_____ X _____ = \$ _____
Total number of days Meal Price Sub Total

_____ - _____ OR + _____ - _____ = _____
Subtotal Credits IOU 10% IF POSTDATED BEFORE JULY 15 balance due

5. **Make check or money order payable to: CALIFORNIA CATERING COMPANY**

Pay by PAYPAL over the internet. **Enrollment is incomplete until this form is received.**

6. **Read terms, initials, and sign:**

- Please sign to indicate you have read our policies and menus and agree to have your child use our services. All payments are non-refundable. Any payments made toward your child's lunch account are not redeemable for cash or items in the Snack Chateau. Absences must be **e-mailed** in advance to receive proper credit for the following school year or upcoming lunch days that your child would like to participate in. To assure proper credit, please do not leave voice mails for absences on the cafeteria voicemail system. _____ **<Initials**

- I agree that this fee does not include second helpings and that I will be charged accordingly. _____ **<Initials**

- I understand that if we purchase "pizza day" there is a possibility that we will owe money at the end of the year because my child may purchase more pizza than is included in the pre-paid fee. _____ **<Initials**

7. **Turn in form by:**

A. At registration (returning student early discount is not applicable at registration)

B. By mail: **CALIFORNIA CATERING COMPANY, PO BOX 502485 SAN DIEGO, CA 92150-2485**

C. By Fax and must include credit card form or registration is incomplete.

D. To the Jacob's Administration Building Front Desk.

OFFICE USE ONLY
PAYMENT RECEIVED

Check #
 CC ending
 Cash
 PayPal

Date
 Staff initials- payment Received by _____
 or

NO PAYMENT INCLUDED