

MONTHLY Student information:

LAST NAME FIRST NAME GRADE STUDENT ID # ALLERGIES

Email:

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

1. Home Phone Number: ( ) - <br>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, allergies to wheat and vegan diets.*

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 \_\_\_ Wednesdays \_\_\_ Thursdays \_\_\_ Fridays  
(SANDWICH) (ITALIAN) (MEXICAN) (AMERICAN)

\_\_\_ FAXED MENU – Parent circles and emails choices for each month prior to the first of the month. Choices received after the first may not appear on our spreadsheet.

4. Total amount to pre pay:

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

- OR + =  
Subtotal Credits IOU Total balance due

5. Read Terms, initial, and sign:

- Please sign to indicate you have read our policies which is available on the website 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

6. Make check or money order for first month payable to:

**CALIFORNIA CATERING Or**

Pay by credit card in the cafeteria located in the Pavilion during school hours or PayPal.

7. Credit card information: enrollment incomplete without card information

We are not accepting monthly enrollments without credit card information this year. To avoid charges to your card, if paying by check, make sure menu and payment are sent prior to the 1<sup>st</sup> of each month:

Card Number:

Expiration date:

Code:

Zip Code:

Signature for use of credit card \_\_\_\_\_

It is the cardholder's responsibility to notify California Catering Company of a cancelled credit card.

8. 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.