

LAST NAME	FIRST NAME	GRADE	STUDENT ID #	ALLERGIES
Email address:				


**TERMS OF PARTICIPATION IN THE SNACK CREDIT PROGRAM**

- I agree there is a minimum of \$200 required to begin this service.
- I must have a current credit card kept on file to utilize this service.
- I understand my child might spend an average of \$10 per day.
- I understand that the staff of California Catering is not responsible for the monitoring of diets or restrictions. This is left for discussion between parent and child.
- I understand that balances are checked on a regular basis but my child may purchase multiple items and then have exceeded his/her limit, therefore I may be charged accordingly. You will be contacted once your student(s) account reaches <\$20. This amount could be in the negative based on the frequency that your student uses this account.
- I understand that the staff of California Catering is not responsible when my child buys for friends.
- I understand that this is a non-refundable service.
- CANCELLATION OF THIS ACCOUNT MUST BE GIVEN IN WRITING.
- I understand that my child will not be given cash for this account at any time.
- I understand that this is a pre-payment system and that funds are available immediately.
- By signing you agree to all of the above, in addition to the following terms: 1. It is my responsibility to notify California Catering Company if my card expires, or is cancelled. 2. It is my responsibility to answer email notifications regarding the balance of my student (s) account. 3. When there have been 2 attempts to contact me and I have not responded I grant California Catering permission to charge my card listed below for the negative balance and an additional \$200.00. 4. If the card on file is declined and I do not provide a card that is working, then my child’s account will be put on hold and/or cancelled until payment is received. 5. Please note charges will appear on my credit statement as payable to California Catering, it will not appear as a charge from LJCDS.

Parent’s Name (Please Print)

Parent or legal guardian’s signature

Date

<b>Name of student</b>			
<b>Name on card</b>			
<b>Card #</b>			
<b>Expiration Date</b>			
<b>Security code</b>		<b>Mailing zip code</b>	
<b>Amount to be charged continuously MINIMUM of \$200 is required Maximum amount \$ 1500</b>			
<b>Signature</b>	<b>I authorize CALIFORNIA CATERING TO CHARGE MY CARD:</b>		

Ways to return form:

Fax to (858) 674-7469 ATTENTION: Callie Escobedo, Lunch Program Director

Mail to: P.O. Box 502485 San Diego, CA 92150