



SCHOOL LUNCH PROGRAM ACCOUNT FORM

New Account Existing Account (New Information)

PLEASE PRINT CLEARLY

CHILD'S NAME _____ GRADE _____

PARENT'S NAME _____

EMAIL _____ CELL PHONE _____

SCHOOL _____

(If you have multiple children, they may each have their own account or be added on one account.)

CHILD'S NAME _____ GRADE _____

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Please return this form along with a check to the main office to open the account or you may email the form to makala@food4lifecaterer.com and you can add money online with a credit card. The account will not be active until funds are added to the account.

DRX Account Number _____	Amount Paid \$ _____	Check # _____
Cash <input type="checkbox"/>	Credit/Debit <input type="checkbox"/>	Exp _____ CCV _____
Date Account Opened _____	Email to Parent _____	Initials _____