

# The DineRite DRX System

We are pleased to announce the newest version of our software "The DineRite DRX System". We now offer online viewing of account, adding money, and many other features to help you monitor and control your child's cafeteria account. The DineRite DRX system works much like a DEBIT CARD. You may send money (check, cash or credit card) to the school for your child's lunch. You may also use our online system to add money by credit card. This money is recorded in each child's DineRite account for purchases of delicious and healthy food prepared fresh daily in the cafeteria. As the child goes through the cafeteria line, the amount of the purchase is deducted from his or her account. Of course, all transactions are stored for viewing on our offsite secure server. No information is ever stored locally.\*

**When your child's account balance drops below \$15.00, you will receive a notice by email, voicemail, or text message (whichever you choose).** You may then send check or cash. Don't forget! By the time your check gets back to the Cafeteria Manager, your child could be out of money. Checks (\$50.00 suggested minimum) should be made payable to "DINERITE." Please put your child's name and grade on all checks or correspondence. This is a great help for the Cafeteria Manager and helps reduce the risk of account errors. **If you use your credit card, we will automatically bill a \$50.00 charge when the DineRite account falls below \$15.00.** Since it is the school's policy that no child will go hungry, we provide a peanut butter and jelly sandwich and a carton of milk to those students who have overdrawn their account or forget to bring cash for the day. A charge of \$2.75 will be made for these items. When DineRite receives payment for your overdrawn account, these charges will be shown.

If your account has a positive balance at the end of the school year, the balance will be carried over to the next year. Balances are refunded for all graduates and any other specific requests. **All refund requests should be made to the DineRite Corporate Offices at the following numbers or by e-mail:**

Phone 214-346-1700 or Fax 214-346-1701

Emails should be directed to Martha Hilton [mhilton@hilfamco.com](mailto:mhilton@hilfamco.com)

## **If you would like to register online, please fill out only the information below**

**Once this information is entered in the system you will receive an email with your username and instructions on how to log on and begin using "DRX for Parents" STM**

#1 \_\_\_\_\_ Grade \_\_\_\_\_

#2 \_\_\_\_\_ Grade \_\_\_\_\_

#3 \_\_\_\_\_ Grade \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PARENT'S EMAIL ADDRESS: \_\_\_\_\_

*Our new online DRX allows you to completely control the account: add password protection, daily or individual meal limits, food restrictions, individual credit card additions in a totally secure environment.*

**A full application is on the back. Use this only if you cannot register online.**

Over

# DineRite Application Form for St Monica Catholic School 2008-2009

**A new application is required each year unless you register online!!!**

**Please complete this application and return to the School Office as soon as possible**

#1 \_\_\_\_\_ Grade \_\_\_\_\_ Amount \$ \_\_\_\_\_  
#2 \_\_\_\_\_ Grade \_\_\_\_\_ Amount \$ \_\_\_\_\_  
#3 \_\_\_\_\_ Grade \_\_\_\_\_ Amount \$ \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PARENT'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT'S EMAIL ADDRESS \_\_\_\_\_ *(no printed notices will be sent)*

PHONE NUMBER: (home) (\_\_\_\_\_) \_\_\_\_\_ (work) (\_\_\_\_\_) \_\_\_\_\_

Make Checks Payable to: **DineRite**

ENCLOSED IS: \$ \_\_\_\_\_  Check  Cash

Minimum Check or Cash suggested deposit is \$50.00 per child – Please make checks payable to: DINERITE

***(Checks that are attached will not be deposited until August---Credit Cards will be billed in August)***

## Automatic Credit Card Billing

PLEASE BILL MY CREDIT CARD FOR \$50.00 per Child's Acct:  Visa  MC  Amex  
[The initial billing to your credit card will be made two weeks prior to the beginning of school]

I hereby give my permission to automatically bill my credit card for \$50.00 when the DineRite balance drops below \$15.00.  
(You may discontinue this authorization at any time by calling the corporate offices)

CARDHOLDER'S NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (Home) ( ) \_\_\_\_\_ (Work) ( ) \_\_\_\_\_

Credit Card# \_\_\_\_\_ EXP. DATE \_\_\_\_\_ CVV # \_\_\_\_\_ \*

SIGNATURE AUTHORIZATION: \_\_\_\_\_

**\* Mandatory for credit card processing. Credit Card will not process without the 3 or 4 digit CVV # (located on the back of your card)**

**FOR ONLINE REGISTRATION PLEASE COMPLETE INFORMATION ON REVERSE SIDE ONLY.**