**Scrip Registration Form**

**St Edwards School**

**Please Sign and Return this Entire Form**

St Edwards **School** Families who are new to Scrip Fill in #1,#2,#3,#6

**Future** St Edwards School Families Fill in #1,#2,#4,#6

**Non** St Edwards School Families Fill in #1,#5,#6, #3 if someone else will be picking up your scrip

**Present St Edwards Families that want to change their designated messenger – Fill in #1, #3**

1. To be completed by **all** who participate in SCRIP.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last) (First) (MI)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***As a part of the Scrip Program I agree to volunteer with the distribution of the certificates two times a year, Wednesday Evenings, Saturday nights or Sunday Mornings, (or an alternative agreed upon volunteer time) in order to receive my earned tuition credit.*** If I cannot make it on my assigned date, I will find a replacement.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Disclaimer.** Complete this section if your child is permitted to bring your SCRIP certificates home. Your Child will receive ***only*** the envelope of certificates ordered under your account number. Certificates will not be sent home with your child unless we have this signed **DISCLAIMER** on file.

**I authorize St Edwards School to release my SCRIP certificates to my child listed below. I will not hold St Edwards School responsible for any lost or misplaced certificates.**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Future Families Only: Complete this part if your child is not yet enrolled at St Edwards.

Projected enrollment date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Month/School Year)

1. Non-St Edwards **School** Families Only:

Designate which account your ***tuition*** percentage should go to:

 Current or Future Family’s name or account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 St Edward School General Fund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 St Edward Adopt-a-Tuition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 St Edward School Endowment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 St Edward Church General Fund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I/we have read and understood and will abide by the policies of the St Edwards School SCRIP Program.

Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*\*\*If I do not have any children/future children in St Edward, I am not required to volunteer, but may do so if I choose. \*\*