



Holy Family Scrip Program
DISTRIBUTION SELECTION
(Choose only one option)

Parent's Name _____

PICK-UP IN PERSON

I will be picking up my Scrip from School on the last school day of the week. The pick-up times will begin fifteen minutes prior to school being let out and fifteen minutes past school's final bell (i.e., 2:45-3:15 on normal school days and 11:45-12:15 on half days)

X _____
Signature Date

BACKPACK WAIVER OF RESPONSIBILITY

In signing this waiver, I agree to be a participant in the Holy Family Scrip Backpack Program. I have read and agree to the Policies and Guidelines of the Program. I understand that once the Scrip Envelope containing merchant certificates is delivered to my child, I assume all responsibility. In registering for this program and choosing the backpack distribution method, I am aware that there are possible consequences. Scrip certificates have a cash equivalency, and if lost or stolen, cannot be replaced, traced or refunded.

In deciding to participate in this program, I will consider the age and maturity of my child, how he/she gets home from school and potential situations where the backpack is unattended (after school programs, sporting events, etc.). I will not hold Holy Family Parish, Holy Family School, the Home & School Association, Holy Family Scrip Program or any of its volunteers responsible for lost, misplaced, or stolen certificates.

Responsible Student's Full Name _____

Grade _____

X _____
Signature Date