



Holy Family Scrip Program
DISTRIBUTION SELECTION
2009 - 2010
(choose only one option)

Parents Name (s) _____

PICK UP IN PERSON

I will be picking up my Scrip from the School on Fridays.
The pick-up time is fifteen minutes prior to school being let out and
fifteen minutes past the schools final bell. (2:45pm - 3:15pm)

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 can not be replaced, traced or refunded.

In deciding to participate in the Backpack Program, I will consider the age and maturity of my child, how he/she get 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, Holy Family Home & School Association, Holy Family Scrip Program or any of its volunteers responsible for lost, stolen or misplaced certificates.

Responsible Students Fully Name _____

Grade _____

Signature

Date