



Holy Family Scrip Program 2009 - 2010
REGISTRATION FORM

I wish to participate in the Holy Family Scrip Program. I have read and agree to the policies and guidelines set forth.

Church Scrip Participant _____ School Scrip Participant _____

Name _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Email Address _____

Signature

Date

Please credit my family's Tuition Credit to the following: (check one)

Holy Family School

Student (s) Name / Grade _____

Boylan High School

Student (s) Name / Grade _____

Please hold my tuition credit until the following school year

Incoming student (s) _____

- OR -

I do not have a child at Holy Family or Boylan, but I would like to direct my earnings to the following: (check one)

Tuition Credit to the family of _____

Holy Family Parish

Holy Family Church and School (Principal's Choice)

Holy Family Home and School Association