



Holy Family Scrip Program 2011 – 2012

Family Information Form

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

Church Scrip Participant School Scrip Participant

Name _____

Address _____

City _____ State _____ Zip _____

Signature

Date

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

Holy Family School Boylan High School

Student (s) Name / Grade _____

-OR-

Please hold my tuition credit until the following school year ;

Incoming student (s) _____

- OR -

I do n't 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)

Distribution Selection Form

(Choose only one option)

Parents Name (s) _____

PICK UP IN PERSON

I will be picking up my Scrip from the School on Fridays. Pick-up time is fifteen minutes prior to school being let out and fifteen minutes past the school's 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 Full Name _____ Grade _____

Signature

Date