

Great Lakes Scrip Program (SCRIP)

Clinton Christian School

School Year 2009-2010

Registration Form

Please SIGN and return!

1. To be filled in by all who participate in SCRIP:

Your Name _____

(Last First MI)

Address _____

City _____ State _____ Zip _____ Telephone(____)_____

E-mail _____(optional)

Friends of CCS (no children enrolled in CCS) may direct their earnings to: (please check one)

Family of _____

General Operating Fund

All certificates will be given to your CCS family unless you designate the funds for the General Operating Fund. In that case, the certificates will be mailed to you.

2. **DISCLAIMER FOR CCS FAMILIES.** Complete this part if your child is permitted to bring your certificates home in the POST envelope. Your child will receive all the certificates ordered

under your family number. Certificates will not be sent home with your child if you do not include this signed DISCLAIMER with your first order.

I AUTHORIZE CLINTON CHRISTIAN SCHOOL TO RELEASE MY T.R.I.P. GIFT CERTIFICATES TO MY CHILD OR IN THE POST ENVELOPE. I WILL NOT HOLD CLINTON CHRISTIAN SCHOOL RESPONSIBLE FOR ANY LOST OR MISPLACED CERTIFICATES.

Child's name: _____ Grade: _____ Teacher: _____

_____ Date ____/____/____

Parent's Signature

3. We have read, understand and will abide by the policies of the SCRIP program.

_____ Date ____/____/____

Signature