

This form must be on file with the SCRIP Coordinator before you place your first order.

Tri-County Christian School SCRIP Enrollment Form

Last Name	First Name	Address	Phone#

If you plan on using shopwithscrip.com please complete next section

User Name (FI, Last Name, Last 4 digits of phone #)	Email address

Your scrip purchase rebates for the months of May - August 2009 will be applied towards your September 2009 tuition payment. Please select one below.

1. Please tell us how you want your 50% of Scrip profits to be credited:

- Our family's tuition for the 2009-2010 school year
- Another family's tuition for the 2009-2010 school year _____
- SOS Tuition Scholarship Fund
- I would like our credit to go towards _____
(a specific area within the school i.e., library, computer lab, etc.)

Your scrip purchase rebates for the months of September 2009 - May 2010 will be applied towards your July 2010 tuition payment. Please select one below.

2. Please tell us how you want your 50% of Scrip profits to be credited:

- Our family's tuition for the 2010-2011 school year
- Another family's tuition for the 2010-2011 school year _____
- SOS Tuition Scholarship Fund
- I would like our credit to go towards _____
(a specific area within the school i.e., library, computer lab, etc.)

3. Please tell us whether you want to pick up your orders or have them sent home.

- Hold my orders in the school office; I will pick them up.
- Send my Scrip orders home with _____ (if you choose this option, #4 **MUST** be initialed.)
(child name/grade)

4. _____ I understand that my child will be responsible for the safe transport of Scrip from school to my home and certify that I have discussed the responsibilities associated with the transport of Scrip with my child. I agree that once Tri-County Christian delivers Scrip to my child/ward that Tri-County Christian is not responsible for any Scrip that is lost, stolen or misplaced. I hereby waive any right of recovery that I may have against Tri-County Christian for Scrip, which is lost, stolen or misplaced after it is given to my child/ward.

5. By signing this form, I am acknowledging that TCCS has not provided any tax advice, and has encouraged me to seek such advice from my accountant. Further, I acknowledge that no charitable contribution tax deduction will be available to me as a result of any Scrip profits that I may earn related to the program or contributions that I may make with such profits.

Parent/Guardian Signature

Date