## REGISTRATION FORM FOR SMCESS/SMCMS/ECCHS SCRIP REBATE PROGRAM FOR THE **2013/2014** SCHOOL YEAR

Please SIGN and return this form to the School Office.

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	Last	I	First	MI	-
			ZipTelephone		_
Phone Number whyour order:	ere you can be reache	d in the morning	in case there	is a problem or qu	uestion regarding
•	you can be kept up to school delays and car		P news:		
Credit to be applied	d to family:				Acct. #
(if different from		(Acc	t. # is last 5 d	ligits of phone nur	mber)
Credit to be applied	d to account for ( <u>CHC</u>	OOSE ONE):	_Preschool	E/S N	I/SECCHS
2. A. I will pick up OR	my order at:	_Elementary Sch	ool	Middle School _	ECCHS
certificates home.	<b>ER.</b> Complete this por Your child will ONL's tes will not be sent hor	Y receive the env	elope of cert	ificates ordered ur	nder your account
MY GIFT CERTIF	HE SMCESS/ECCHS FICATES TO MY CH M/ECCHS OR THE C RTIFICATES.	IILD. I WILL NO	OT HOLD T	HE ST. MARYS	CATHOLIC
Child's name			Grade	e/Room#	
Your Signature _			Date_		
3. I have read, understand and will abide by the policies of the SMCESS/ECCHS SCRIP Program.					
Your Signature			Date_		

If you are participating in this program but your child is not yet enrolled into the school system, your participation in no way implies automatic enrollment into the St. Marys Catholic School System/ECCHS. Your application and enrollment are a function of Administration. If your application is not accepted, or if you should choose not to follow through with enrollment, all monies accrued in your account will be transferred into the Help-A-Student Fund.