

REGISTRATION FORM FOR THE ECCSS SCRIP REBATE PROGRAM
FOR THE **2015/2016** SCHOOL YEAR

Please SIGN and return this form to any ECCSS school office.

1. To be completed yearly by all who participate in the Scrip Rebate Program:

Name _____

Last, First (Mother's and Father's Names)

Address _____

City _____ State _____ Zip _____ Telephone _____

Cell/Work phone number where you can be reached in the afternoon in case there is a problem or question regarding your order: _____

Email Address so you can be kept up-to-date on all Scrip news: _____
(Especially for school delays and cancellations)

Credit to be applied to family: _____ Acct. # _____
(Acct. # is last 5 digits of phone number)

2. A. Online orders: I will pick up my order _____ OR Send my order home with my student (name/grade) _____

(Online orders paid by check: please mark the appropriate box on the checkout sheet that you turn in with your check.)

2. B. DISCLAIMER. Complete this portion ONLY if you would like your child to bring your certificates home. Your child will ONLY receive the envelope of certificates ordered under your account number. Certificates will not be sent home with your child if you do not sign this disclaimer.

I AUTHORIZE THE ECCSS SCRIP REBATE PROGRAM COORDINATORS TO RELEASE MY GIFT CERTIFICATES TO MY CHILD. I WILL NOT HOLD ECCSS OR THE COORDINATORS RESPONSIBLE FOR ANY LOST OR MISPLACED CERTIFICATES.

Child's name _____ **Grade/Room#** _____

Your Signature _____ Date _____

3. I have read, understand and will abide by the policies of the ECCSS Scrip Program.

Your Signature _____ Date _____

If you are participating in this program but your child is not yet enrolled in Elk County Catholic School System, your participation in no way implies automatic enrollment into the school system. Your application and enrollment are a function of the 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.