

REGISTRATION FORM FOR THE ECCSS / ST. LEO'S
SCRIP REBATE PROGRAM FOR THE **2022-2023** SCHOOL YEAR

Please complete and sign form yearly by all who participate in the SCRIP Rebate Program.
Forms can be handed in to any of the ECCSS School offices or emailed to:
scripECC2022@gmail.com

Please check appropriate school: ECCSS _____ St. Leo's _____

Please check appropriate account type:

ECCSS/SL Scrip **Account Holder** _____ **Purchaser** for Scrip Account Holder _____

Please be sure to fill out and sign BOTH sides of this form.

Name _____
Last First

Address _____

City _____ State _____ Zip _____ Telephone _____

Email Address _____ Cell Phone _____

Family name & Acct # rebates should be applied to: _____

Account # _____ (Account # is last 5 digits of YOUR phone number)

Student Name(s) _____

Online orders: _____ Send my order home with my student

I Will Pick up my Order at: Scrip Office _____ SL School _____ SL Rectory _____

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#** _____
(The child you would like your online order sent home with)

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 the 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 or to another student designated by you. **---OVER--->>>**

ELK COUNTY CATHOLIC SCHOOL SYSTEM RETAIL REBATE (SCRIP) AGREEMENT

ECCSS offers its patrons and benefactors the opportunity to purchase coupons or cards that can be used to make purchases at various retail establishments. The purchaser pays face value for the coupons or cards, while the retailer agrees to apply a discount or rebate to purchases made with that coupon or card. The remaining discounts and rebates, less the applicable administrative fee, are adjustments to the purchase prices of the items purchased, and belong to the purchaser. The purchaser can agree to donate these discounts and/or rebates to ECCSS, or to have these discounts and/or rebates credited to a tuition account for the benefit of particular students.

If the purchaser elects to receive the cash value of the discounts and/or rebates personally, ECCSS will pay the purchaser an amount equivalent to the discount and/or rebate, less the administrative & check processing fee.

Regardless of the option chosen, accounts will be satisfied once a year at the end of each school year.

I/We, as the purchaser(s) of the cards or coupons that are subject to this Agreement, hereby agree and determine as follows:

1. I/We hereby designate ____% of any of the discounts or rebates received as a result of the coupons or cards that I/we purchase under this Agreement to be credited to the tuition account of _____ **(Parent Name)** This designation is not tax deductible.
2. I/We hereby designate ____% of any of the discounts or rebates received as a result of the coupons or cards that I/we purchase under this Agreement as a contribution to ECCSS / St. Leo's or any club/sport associated with the school system. Please specify _____. This contribution is tax deductible under section 170 of the Internal Revenue Code, subject to satisfaction of applicable substantiation requirements.
3. I/We elect to be personally paid ____% of any of the discounts or rebates received as a result of the coupons or cards that I/we purchase under this Agreement. **There is a check processing fee of \$50 charged.** This designation is not tax deductible. I/we understand that money received through this designation must be claimed as personal income subject to taxes. The social security number(s) must be provided for the purchaser(s) listed below.

_____ - _____ - _____ and _____ - _____ - _____

This election will remain in effect for all purchases made on or after the date of this Agreement. This Agreement may be modified by signing a new retail rebate Agreement.

If purchases are made by check, the purchaser agrees to indemnify the Scrip company and/or ECCSS / St. Leo's for any losses resulting from insufficient funds in the purchaser's account necessary to pay for the retail coupons or cards.

Signature(s) of Purchaser(s): _____ Date: _____

Authorized ECCSS Scrip Program Coordinator's Initials: _____ / _____

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