

Newton Christian School Scrip Program Registration Form

This form must be signed and returned to the coordinator in order to participate in the Scrip program.

Participant Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Please direct my earnings from this program to:

_____ My family tuition account

_____ To the family of: _____ Confidential: _____ Yes _____ No

_____ Future tuition account (Projected year of enrollment _____)

_____ NCS General Fund

_____ NCS Tuition Assistance Fund

Disclaimer

Complete the following part if you want your child or another child to bring your cards home. Gift cards will only be sent home with your child if you have a current signed disclaimer on file.

I (we) authorize the Scrip coordinator to release my gift cards to:	
Child's name: _____	Grade: _____
I do not hold Newton Christian School or the Scrip coordinator responsible for lost or misplaced gift cards.	
Signature : _____	Date: _____

I (we) have read, understand, and will abide by the policies of the Scrip program.

Signature: _____ Date: _____