



Crown Point Christian School Scrip Registration Form

Name _____ Phone () _____

Address _____

City _____ State _____ Zip _____

Email address _____

Friends of Crown Point Christian School (without children enrolled here) may direct their earnings to:

_____ Family of _____ or _____ Tuition Assistance

Future Families: Complete this section if your first child is **not yet** enrolled at Crown Point Christian School:

Child's Name _____ Birth date _____

Disclaimer: Complete this section if someone other than you is permitted to bring your certificates home. ***Certificates will not be sent home with anyone if you do not include this signed disclaimer with your first order.***

I authorize Crown Point Christian School to release my Scrip order to the person(s) indicated below. ***I will not hold Crown Point Christian School responsible for any lost or misplaced certificates.***

Name _____

Signature _____ Date _____

We have read, understand and will abide by the policies of the Scrip program (also available online).

Signature _____ Date _____

