

# Scrip Family Registration Form

## Family Details

First Name

Last Name

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Address

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City

State

Zip

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Email

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Delivery Method *(i.e. your child, other CPCS student (include name), hold in office, etc.)*

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Future CPCS Families – Please include your child’s name

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Rebate Contributions:

Transfer to Other Family Accounts

Name

Rebate %

Name	Rebate %

**Disclaimer:** Complete this section if your order is to go home with your child or someone else:

I authorize Crown Point Christian School to release my Scrip order to the person(s) indicated in “Delivery Method” above. ***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 \_\_\_\_\_