

St. Michael
SCRIP Enrollment Form

To be filled out by all who participate in SCRIP.

Please sign and return the ENTIRE form with your first order each year (please print).

Family Last Name _____ Mother _____ Father _____

Address _____ City _____ Zip _____

Telephone (330) _____ E-mail _____

Please apply the rebate in the following manner : (check one)

Parish General Fund Contributions may go toward the youth programs, the music program, or other programs that are in need of additional funding.

Parish Tuition Fund Contributions will go toward helping families that would like to give their child(ren) a Catholic education at St. Michael's but may need assistance with tuition.

My Family Tuition Fund This would include current and future students as well as students attending Central Catholic or St. Thomas.

Another Family's (_____) Tuition Fund

We have read, understand and will abide by the policies of the SCRIP Program.

Signature: _____ Date: ____/____/____

DISCLAIMER OF RESPONSIBILITY:

Complete this section if another designated person is permitted to bring your certificates home (ie. friend, relative, child). This designated person will receive only the envelope of certificates ordered under your family number. Certificates will not be sent home with your designated person if you do not have a signed DISCLAIMER on file with the SCRIP committee.

I authorize St. Michael SCRIP to release my SCRIP gift certificates to the designated person listed below. I will not hold St. Michael SCRIP responsible for any lost or misplaced certificates.

Designated Person's name to be sent home with:

Family Signature: _____ Date ____/____/____