

CLS Scrip Program Registration Form

1. *Contact Information:* To be completed by all who participate in the Scrip Program:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

2. *Earnings Designation:* Profits earned by your purchase are split as follows: 50% to tuition fee reduction for designated student and 50% to CLS General Fund. Or 100% of the earnings can to toward the CLS General Fund.

I designate my 50% earnings to go toward paying the tuition fees of:

(Student's Name) _____

I designate 100% earnings to go toward CLS General Fund.

3. *DISCLAIMER:* Complete this part only if your child is permitted to bring your gift cards home. Your child will receive only the envelope of gift cards ordered under your family number. Gift cards will not be sent home with your child if you have not submitted this signed DISCLAIMER.

I AUTHORIZE THE CLS SCRIP PROGRAM TO RELEASE MY SCRIP GIFT CARDS TO MY CHILD. I WILL NOT HOLD CHRISTIAN LIFE SCHOOL RESPONSIBLE FOR ANY LOST OR MISPLACED GIFT CARDS.

Child's Name: _____ Grade: _____ Teacher: _____

4. *Acknowledgement:* I have received, read, understand and will abide by the Scrip Program Policies.

Parent/Guardian Signature

Date

Please submit this completed form to the CLS Main Office with your first order.