

St. Joseph School  
SCRIP Registration  
2011 – 2012

***Please complete and sign this form & return it to the school office if you have not been assigned an account number or for any information changes.***

Parent Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Time Phone \_\_\_\_\_  
(for questions about your order)

SCRIP WILL BE SENT HOME WITH YOUR OLDEST CHILD  
UNLESS PARENT PICK UP IS CIRCLED BELOW.

This is your commitment unless changed in writing.

\* \* \* PARENT PICK UP \* \* \*

**Disclaimer:** I have read, understand, and will abide by the general policies of the St. Joseph School SCRIP Program as documented, including the Great Lakes SCRIP usage guidelines. I authorize the SCRIP Committee to release my SCRIP to me by "Parent Pick Up" or to my student. I will not hold St. Joseph School, Faculty, Staff, SCRIP Committee Member or Volunteer or any other person responsible for any lost, stolen, or misplaced SCRIP as a result of my actions or my student's actions. This disclaimer will remain in effect as long as I participate in the SCRIP program and/or make SCRIP purchases.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Account # \_\_\_\_\_