**ICHS Scrip Program Registration Form**

1. This form MUST be signed and returned with your first Scrip store order.

Name for Scrip Account:

Address:

City: State: Zip:

Phone Number:

Email:

1. Scrip earnings intentions: please check ONE.
* I have a child enrolled at ICHS. Please credit my Scrip earnings to my tuition account. I understand the earnings will be applied quarterly to my tuition account.
* I am accumulating my earnings for FUTURE use. I understand that the Scrip program will hold my earnings until the coordinator is informed that the earnings are to be credited to my tuition account.
* I wish to donate my earnings to an ICHS family’s tuition account. Their family name is .
* I wish to donate my earnings to the tuition assistance fund or a specific department of ICHS: .
* I wish to donate my earnings to a student/family at another Christian school. I will provide the Scrip coordinator with the family name and the name and address of the school to which the check should be sent. \*Please note that if you select this option, payout MUST BE to an Evangelical Christian school. Checks may NOT be written to an individual or a family.
1. Order pick-up: please check ONE.
* hold in office
* student pick-up

 \*If you would like an ICHS student to bring home your order, this disclaimer MUST be filled out and signed or your order will be held in the ICHS school office for pick-up.

\*\*Student Pick-up Disclaimer\*\*

By signing this disclaimer, I permit the student named below to bring my cards home. I understand that my student will only receive the cards ordered under my family account name. I authorize ICHS to release my Scrip cards to the student named below, and I will not hold ICHS responsible for lost or misplaced cards.

Student name(s): Grade(s):

Signature: Date:

**Scrip Program Agreement**

By signing below, I acknowledge that I have read, understand, and will abide by the policies of the ICHS Scrip Program.

Signature: Date: