

Regina Scrip Program
E-mail: scrip@icregina.com

SCRIP ENROLLMENT FORM

Last Name: _____ First Name: _____
Street Address: _____ City: _____
State: _____ Zip: _____ Cell/day phone # _____
E-Mail _____

*****for important scrip updates; like us on Facebook: www.Facebook.com/ICReginaScrip*****

50% of the proceeds go directly into the Regina General Fund.

I would like my additional 50% contribution to be directed towards:

- Family Account/Name _____ (NOT tax-deductible)
 Regina Ed. Center _____ (potentially tax deductible)
 Cash Rebate paid to you (NOT tax-deductible)

PROGRAM RULES & GUIDELINES

Each family will have a unique Family Account. This Family Account name must appear on all orders to ensure your purchases are accurately recorded.

A check or money order payable to Regina Scrip must accompany all orders. Please do not send cash. Scrip certificate payments may be tax-deductible if your share of earnings is donated back to Regina.

If your check is returned because of non-sufficient funds (NSF), you will be charged a \$30 fee payable to Regina Scrip. After two NSF checks are tendered on your account, your Scrip ordering privileges will be limited to money orders only. Regina Scrip will provide a summary of each participating family's account at our fiscal year end (April).

Scrip certificates are purchased on your behalf, and are not returnable or refundable.

When you receive your Scrip certificates, open your order and verify its accuracy. Notify the Regina Scrip Office by e-mail at scrip@icregina.com within 7 days of any discrepancy.

Scrip certificates are the same as cash, and should be handled accordingly. Regina Scrip will not be responsible for certificates that are lost, stolen or misplaced while in your possession. Some Scrip certificates are subject to expiration dates and/or non-use penalties. You are responsible for observing the terms of your Scrip.

Regina Inter-Parish Catholic Education Center will not be responsible for loss of Scrip certificates or monies to purchase certificates.

You must sign this **WAIVER OF RESPONSIBILITY** form before certificates will be released with your child. These forms are kept on file; The Regina Scrip Program accepts no responsibility for certificates delivered in this manner.

Prior to your purchase, you must read and understand the vendor usage guidelines for each certificate. Usage guidelines are available on the Regina Scrip web site at: icregina.com/parent_involvement/_s_c_r_i_p, scroll down to the Local and National Vendor lists to view certificate usage detail, or view the hard copy of this list in the Scrip Office. Some certificates have usage restrictions.

End of year earnings of less than \$5.00 will be automatically donated back to Regina/Scrip Program

WAIVER OF RESPONSIBILITY FORM

_____ I plan to pick up my Scrip certificates in person

I will be picking up my Scrip from the Regina Scrip Office on Friday morning 8-9am, or Friday afternoon in the High School Office from 3-3:30pm (Or daily 8-9am during cash & carry sales). I understand that if I do not pick them up on Friday, they will be locked up and not available until Monday morning.

The following people are authorized to pick up my Scrip certificates _____

_____ Backpack Waiver (pre-school - 6th grade students only)

I assume all responsibility in choosing the backpack distribution method. I will consider the age and maturity of my child, how he/she gets home from school and potential situations where the backpack is unattended (after school programs, sporting events, etc). I am aware that there are possible consequences; Scrip certificates have a cash equivalency. The Regina Scrip program and the Regina Inter-Parish Catholic Education Center will not be responsible for lost, misplaced or stolen certificates. Orders will be sent home in backpacks on Fridays (Thursdays if no school on Friday). Orders are given to the teachers on Friday mornings for distribution and are locked in the school over the weekend.

Responsible Student's Full Name: _____ Grade: _____

Teacher: _____

_____ JR/HS Student Pick Up

Student will be called to the HS office to pick up order at the end of the day on Friday. I understand that if the order is not picked up it will be locked in the school until Monday.

Name of Student(s) to be called to pick up order: _____

Yes, I am ready to participate in the Regina Scrip Program. I have read and I understand the policies and guidelines listed above; I agree to abide by these policies. This agreement will remain in effect until I notify the Scrip Office otherwise.

SIGN: _____

Date: _____