



**Holy Family Scrip Program Family Registration Form School Year \_\_\_\_\_**

I wish to participate in the Holy Family Scrip Program. I have read and agree to the guidelines set forth.  
(see Holy Family Scrip website)

School Scrip Participant                       Church Scrip Participant

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

(a number where we can reach you on Monday a.m. if we have a question concerning your order)

Phone \_\_\_\_\_

**Please credit my Family's Tuition Credit to the following: (check one)**

Holy Family School                       Boylan High School    **Student(s) name/grade** \_\_\_\_\_

**-OR-**

Please hold my tuition credit until the following school year.

Incoming student (s) name \_\_\_\_\_

**-OR\_**

I don't have a child at Holy Family or Boylan, but I would like to direct my earnings to the following: (check one)

Tuition Credit to the family of \_\_\_\_\_

Holy Family Parish                       Holy Family Church and School (Principal's Choice)

**Distribution Selection Form**

Family Name \_\_\_\_\_ (check one)

**Pick up in person at School Office** - Pick up Scrip Fridays until 3:15pm

**Pick up at Parish Center Office** - Consult bulletin for current office hours. (or call 815-398-4280)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Backpack Waiver of Responsibility - Scrip envelope sent home in child's backpack on Friday's**

In signing this waiver, I agree to be a participant in the Holy Family Scrip Backpack Program. I have read and agree to the policies and guidelines of the program. I understand that once the Scrip Envelope containing merchant certificates is delivered to my child, I assume all responsibility. In registering for this program and choosing the Backpack Distribution Method, I am aware that there are possible consequences. Scrip certificates have a cash equivalency, and if lost or stolen cannot be replaced, traced or refunded.

In deciding to participate in the Backpack Program, 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 will not hold Holy Family Parish, Holy Family School, Holy Family Home & School Association, Holy Family Scrip Program or any of its volunteers responsible for lost , stolen or misplaced certificates.

Responsible Students Full Name \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date