

**Blessed Trinity Scrip Enrollment Form
2010-2011 School Year**

*Please complete the following information:
(One per Family)*

Full Name of Parent(s) or Contributing Family

Phone Number

Alternative Phone Numbers

Address

City

State

Zip

E-mail Address

Child's Name: _____ Grade: _____ (Homeroom) Teacher: _____

Child's Name: _____ Grade: _____ (Homeroom) Teacher: _____

Child's Name: _____ Grade: _____ (Homeroom) Teacher: _____

Child's Name: _____ Grade: _____ (Homeroom) Teacher: _____

Child's Name: _____ Grade: _____ (Homeroom) Teacher: _____

All credits accumulated:

_____ Should be credited to _____
Family Name

_____ Should be donated to the Scrip Program

Method of pick up:

_____ I will pick up my order either in the Scrip Office or Church Rectory.

_____ I give permission for my order to be sent home with my child. I understand that BT waives all responsibility for lost or missing orders once they are delivered to the classroom.

I have read, understand, and agree to abide by the Blessed Trinity Scrip Program Polices & Guidelines.

Participant Signature

Date