



# St. Patrick Catholic School

2970 W. Labo Road • Carleton, MI • 48117

## SCRIP PROGRAM AGREEMENT AND ENROLLMENT FORM

St. Patrick Catholic School (referred to herein as “we”, “us”, and “our”) sponsors a scrip program which allows you to purchase scrip. The scrip you purchase through our program generates rebates from the participating retailers. These rebates can be used as a credit to your or another family’s tuition account and/or a gift to the school. The parties agree as follows:

Rebates earned will be distributed in the following ways:

- A. 40 % will be retained by the school for running the scrip program
- B. \_\_\_\_\_ % as a tuition credit for the \_\_\_\_\_ family
- C. \_\_\_\_\_ % as a tuition credit for the \_\_\_\_\_ family
- D. \_\_\_\_\_ % should be returned to the school for school improvements.

**Total: 100%**

Tuition credits are not refundable as cash in all or part, under any circumstances.

Tuition credits will be applied to your tuition balance annually in May and will be applied to the following year’s tuition.

The program coordinator and steering committee may change the provisions of the program at any time. As changes occur, you will be informed.

Participation in the program is **mandatory**. Each family is required to purchase \$250.00 in scrip by May 1st of the current school year. Scrip purchased in the summer prior to current school year is applied to this total.

You may change your choice at any time among the selections above, or any new selections offered in the future.

You agree to indemnify us against any loss incurred in connection with there being insufficient funds in your account to cover the ACH transfers you issue to pay for your scrip. We make no representations or warranties of any kind with respect to the scrip. This agreement continues unless replaced by another and can be terminated by either of us at any time.

Please sign and date below to indicate your acknowledgement of this agreement

Purchaser's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(referred to herein as “you” and “your”)

Address: \_\_\_\_\_ City: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

ACKNOWLEDGELD:  
St. Patrick Catholic School

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Authorized Person’s Printed Name and Title: \_\_\_\_\_

Encounter Jesus, Grow in Him,  
Witness to Others