



Carroll Christian Schools

550 Baltimore Blvd., Westminster, MD 21157

Scrip Program Agreement and Registration Form

****Important:** Please sign and return to Scrip coordinator through the office before placing your first order. Once this form is on file, automatic renewal will occur for each school year. This must be filled out for every family (local or long distance) participating in the scrip program through CCS.

A. Fill in this family information:

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

B. Online/Paper Choice: (Please check the appropriate box and initial.)

- At this time, I plan to submit paper order forms only. Initials: _____
- At this time, I plan to enroll online and possibly also use paper order forms. Initials: _____

C. Delivery Options:

I authorize the following people to pick up my scrip order:

1. _____
2. _____
3. _____
4. The order may be sent in the Friday SCRIP folder with my youngest child. _____ (parent's initials)

I authorize Carroll Christian Schools to release my scrip cards and certificates to my child or the persons listed above. In addition to authorizing the delivery methods listed above, I understand that I take full responsibility for the security of any order delivered by these methods, and I hold harmless Carroll Christian Schools for loss, theft or any other disappearance of scrip orders once they are delivered in good faith via one of the methods listed above. I will not hold CCS or the volunteers and coordinators responsible for any lost or misplaced scrip occurring during the transportation of said scrip from the school to my home or work place. Further, I entrust the responsibility of the certificates with the named student and no other. If this student is relieved of this task and another student should be assigned, I will notify the scrip coordinators in writing of these changes immediately.

D. Fund Allocation:

I agree to the scrip rebates as follows:

- a. 50% will be retained for the CCS General Fund.
- b. ____ toward your family's account.
- c. ____ toward _____ family account.
- d. ____ toward _____ family account.
- e. ____ toward Tuition Assistance Fund.
- f. ____ toward CCS General Fund or other designated needs.

Please choose no more than two options from b. to f. to equal 50%.

No CASH or CREDIT REFUNDS will be issued. These choices will remain in place for an entire school year. Your account credit will be applied on or about December 15 and May 15 each year.

E. Extra charges:

I understand that a one-time shipping charge of \$8 will be deducted from my account for physical gift card orders. If only ScripNow, Reload, and ReloadNow are used on my account, no shipping charge will be deducted.

I understand that any returned check or NSF through PrestoPay will require a payment of \$35 to CCS. CCS is charged by the scrip program and no waivers will be provided. This fee will need to be paid to CCS before receiving any ordered scrip cards and/or before processing the next order. If two NSF payments are tendered during the same fiscal year, that participant will not be allowed to participate again.

F. Disclaimer:

I agree and acknowledge as follows: (i) no employment or partnership arrangement is created as a result of this agreement; (ii) you are the owner of the scrip purchased on your behalf; (iii) you have limited rights to return the scrip we purchase on your behalf, based on the return policy of our scrip suppliers; (iv) you shall indemnify us against any loss incurred in connection with there being insufficient funds in your account to cover the checks you issue to pay for your scrip; (v) we make no representations or warranties of any kind with respect to the scrip purchased on your behalf; (vi) you are responsible to verify the dollar amount available on the gift card and inform coordinator of any deficits within seven (7) days; (vii) if a dispute arises regarding a remaining balance on a gift card, Great Lakes Scrip Center (GLSC) will investigate the matter and its findings are final; and (viii) I hold CCS harmless in the event of a business bankruptcy and will follow the information issued by GLSC in such matters. This agreement can be terminated by either of us upon 60 days' advance notice to the other.

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

Signature: _____ Date: _____

Print Name: _____
(referred to herein as "I," "you", and "your")

Office Use Only:
 Date Submitted: _____ Date Enrollment Key emailed: _____ Coordinator/volunteer's initials _____
 PrestoPay approval date: _____ Coordinator/volunteer's initials _____