

Academy of St. Priscilla Store Certificate Program 2009-2010 Registration Form

Please complete the form and return in an envelope marked "Academy Store Certificate Program."

1. To be completed by ALL Academy families prior to order placement.

NAME _____
Last First MI

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ EMAIL _____

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Please add all of the earnings to my account.

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Please add all of the earnings to the Academy School Fund.

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Please add all of the earnings to the Academy Teacher's Fund.

2. **DISCLAIMER** – Complete this portion of the form if your child is **permitted** to bring the Store Certificates home from school in his/her backpack. Your child will receive only the certificates ordered in an envelope marked with your assigned family number. Certificates will not be sent home with your child if this DISCLAIMER is not returned with your first order.

I AUTHORIZE THE STORE CERTIFICATE PROGRAM TO RELEASE MY CERTIFICATES TO MY CHILD. I WILL NOT HOLD THE ACADEMY OR THE PROGRAM RESPONSIBLE FOR ANY LOST OR MISPLACED CERTIFICATES.

Child's Name

Teacher

Parent/Guardian Signature

Date

3. I have read and understand the policies and procedures of the Academy Store Certificate Program.

Parent/Guardian Signature

Date