

SCRIP FAMILY ACCOUNT REGISTRATION

First Name (s)	
Last Name	
Address 1	
Address 2	
City	
Zip	
Email	
Phone	
Phone (cellular)	
Phone (cellular)	
	Online prepayment is required for orders to be delivered to a school or parish site
School Delivery or Scrip Office	Circle One St Anne St Mark MS/HS St Michael St Therese Scrip Office
Parish Delivery	Church of the Resurrection Holy Name of Jesus St Anne St Mark St Matthew St Michael St Therese
ShopWithScrip username	
Family or Parish to Credit	
	Circle One Future Family to Newman Currently Enrolled at Newman Parish Member

**Scrip Pick-up Waiver
2021 – 2022 School Year**

Date: _____

Scrip Customer Name: _____

Scrip Customer Phone Number: _____

Scrip Customer E-mail Address (or Text Number): _____

I understand that NCS Scrip requires scrip program participants to pick up scrip orders in person. I hereby authorize NCS Scrip to use the following alternate delivery method (check all that apply):

Send my Scrip order home with the following student:

Student Name and Grade and School

Send my Scrip order home with the following parent:

Parent Name

In addition to authorizing the alternate delivery method listed above, I understand that I take full responsibility for the security of any order delivered by these methods, and I hold harmless NCS Scrip for loss, theft or any other disappearance of scrip orders once they are delivered in good faith via one of the methods listed above.

Signature _____ Date _____

SCRIP PROGRAM AGREEMENT:

Newman Catholic Schools (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 NCS tuition account, a credit to another family’s NCS tuition account, a gift to NCS, or a gift to one of NCS’s supporting parishes. The parties agree as follows:

1. Rebates earned will be used in the following ways:

- a. **20 %** will be retained for running the scrip program (NOT deductible)
- b. _____ % as a charitable contribution to Newman Catholic Schools
- c. _____ % as a charitable contribution to _____
(NCS supporting parish)
- c. _____ % as tuition credit for the following school family: _____
- d. _____ % as tuition credit for the following school family: _____
- e. _____ % as tuition credit for the following school family: _____
- f. _____ % as tuition credit for the following school family: _____

The totals of these lines must equal 80%.

Total: 100%

Our scrip program distributes rebates twice a year in the months of December and June.

With respect to your charitable contributions, we will provide you with all required acknowledgements under sections 170(f)(8) and 170(f)(17) of the Internal Revenue Code.

You agree to indemnify us against any loss incurred in connection with there being insufficient funds in your account to cover the checks or 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 upon 60 day’s advance notice to the other.

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”)

ACKNOWLEDGED : Newman Catholic Schools Scrip Program

By: _____ Date: _____