

# 2024-25 Christ the King Raise Right / Scrip Program

## *Enrollment and Waiver of Responsibility Form*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

### ***Program rules and guidelines:***

1. All certificate and card orders must be accompanied by a check or money order made payable to CTK Scrip or the family must pay through the [www.raiseright.com](http://www.raiseright.com). Please do not send cash. Payments are not tax deductible because you receive dollar for dollar value.
2. If your check is returned because of insufficient funds, you will be charged a \$25 fee payable to CTK Scrip. If it happens twice, we will only accept payment through online payment through [www.raiseright.com](http://www.raiseright.com).
3. The Raise Right/Scrip year will begin May 1<sup>st</sup> and end April 30<sup>th</sup>.
4. Gift certificates and cards are non-returnable.
5. When you receive your gift certificates and cards, please verify the accuracy. In the event you should find a discrepancy in your order, please contact the CTK Scrip Program Coordinator.
6. Gift certificates and cards are the same as cash and should be handled accordingly. CTK will not be responsible for certificates and cards that are lost, stolen, or misplaced within your possession.
7. You must sign this Enrollment and Waiver of Responsibility Form before certificates and cards are delivered. These forms will be kept on file at CTK and filled out each new year.
8. There is a \$5.00 enrollment fee for each new year enrolled that must be included with this form.
9. The rebate is only applied to tuition/fees and will not be returned as cash if you leave the program.

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### ***Please check one of the following:***

- ☐ I hereby authorize Christ the King to send my weekly Raise Right/Scrip orders home with my child \_\_\_\_\_. I acknowledge Christ the King accepts no responsibility for certificates delivered in this manner.
- ☐ I will pick up my weekly Scrip order at the Christ the King School Office.

### ***Apply my 85% of the Scrip Rebate to (please check only one option):***

- ☐ My CTK Tuition
- ☐ SHG Tuition (if my child is in 8<sup>th</sup> grade)
- ☐ Tuition credit to a CTK School Family (write family name) \_\_\_\_\_

***I have read and understood the policies and guidelines listed above, and agree to abide by them.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ My \$5 enrollment fee is enclosed