

# 2017-2018 SJC SCRIP PROGRAM

## Disclaimer and Delivery Instructions

Complete and return it to the school office

Name: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_

### Select Delivery Option:

Please hold my scrip order at the school office for pick-up.

Please send my scrip order home with my student as indicated below.

### Complete this section if your student is permitted to bring your cards home:

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_ Homeroom #: \_\_\_\_\_

I authorize the St. John of the Cross Scrip Program to release my shopping cards to my child. I will not hold St. John of the Cross or any individual involved in this program responsible for any loss I incur from any lost, misplaced, damaged or destroyed cards which results after my child's receipt of the cards from the program.

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

**\*Cards will not be sent home with your child if the Scrip Program does not have this signed disclaimer.**