



**Holland Marsh District Christian School
TUITION REDUCTION INCENTIVE PROGRAM**

Family Registration Form - 2010/11

1 TO BE COMPLETED YEARLY BY ALL WHO PARTICIPATE IN THE T.R.I.P. PROGRAM:

Last Name: _____

First Name(s): _____

Address: _____
Address, City, Postal Code and Phone do not have to be filled in if unchanged from last year

City: _____ Postal Code: _____ Tel: (_____) _____ - _____

2 GIFT CERTIFICATE DELIVERY/PICK-UP INSTRUCTIONS:

- Pick-up at school on Wednesday of the following week
- "Kid-Mail" - Child Name: _____ Teacher: _____ Grade: _____
- Other Designated Pick-up - Name: _____

**** If the "Kid-Mail" or "Other Designated Pick-up" option has been chosen, you *MUST* sign the waiver below**

3 WAIVER/DISCLAIMER:

**** Complete this part if a child (or other designated person) is permitted to bring your certificates home. This person will receive only the envelope of gift certificates ordered under your family name. Gift certificates **cannot** be sent home with anyone if you have not signed this DISCLAIMER.**

Designated child (or other person's) name: _____

I AUTHORIZE T.R.I.P. REPRESENTATIVES TO RELEASE MY GIFT CERTIFICATES TO THE PERSON NAMED ABOVE. I WILL NOT HOLD THE HOLLAND MARSH DISTRICT CHRISTIAN SCHOOL T.R.I.P. PROGRAM AND/OR IT'S REPRESENTATIVES RESPONSIBLE FOR ANY LOST OR MISPLACED CERTIFICATES.

Signature

Print name

Date

4 FILL OUT THE 40% DESIGNATION FORM.

Please check your **one** choice below. Sign and date the bottom and return the form to H.M.D.C.S.

- Operating Budget
- Capital Fund (Maintenance of current school building)
- Capital Campaign (Towards new school building)
- Educational Supplies
- Endowment Fund
- Library Books and Supplies
- Music / Band Program
- Technology Improvements
- Tuition Reduction for family of choice:
- Tuition Reduction for **OUR FAMILY**

Other Family Name: _____

We have read, understand and will abide by the policies of the T.R.I.P. program.

Signature

Print name

Date