

St. John the Baptist Parish SCRIP Enrollment Form

This form is valid as long as you do not make any allocation changes.
If you wish to change your allocations, please submit a new form.

PROGRAM RULES AND GUIDELINES:

- 1) Ordering and receipt of SCRIP will adhere to the dates published in fliers regarding the program.
 - 2) All orders must be accompanied by a check or money order made payable to **SJB SCRIP**. For orders of **\$500** a credit card or debit card (Visa, MasterCard, Discover) may be used, **but use of credit cards is not encouraged because of the incurred cost to the parish**. Please do not send cash. SCRIP payments are not tax deductible because you receive dollar for dollar value.
 - 3) If your check is returned because of non-sufficient funds (NSF), you will be charged a \$20 fee payable to SJB SCRIP. After two NSF checks are tendered on your account, your SCRIP ordering privileges will be limited to money order or cash.
 - 4) SCRIP is purchased on your behalf and is not returnable.
 - 5) When you pick up your SCRIP, open your order and verify its accuracy.
 - 6) SCRIP is the same as cash and should be handled accordingly. SJB will not be responsible for gift cards that are lost, stolen or misplaced while in your possession.
 - 7) You must check the DISCLAIMER/WAIVER OF RESPONSIBILITY included on this order form before SCRIP will be released to your child. These forms will be kept on file. SJB accepts no responsibility for SCRIP delivered in this manner.
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PLEASE SIGN AND RETURN ENTIRE FORM WITH YOUR FIRST ORDER (PRINT PLEASE)

Name _____ Spouse _____
Address _____
City _____ State _____ Zip _____
Telephone (Home) _____ (Cell) _____ E-mail _____

PLEASE SELECT WHERE YOU WANT YOUR EARNINGS TO BE APPLIED: (CHECK ONLY ONE)

- St. John Elementary School (Family of) _____
 St. John Kinder Kountry Pre-School (Family of) _____
 St. John Parish Tuition Assistance for Needy Students
 St. John Parish Capital Improvements

Signature _____ Date _____

DISCLAIMER. Complete this part if your child is permitted to bring your SCRIP home. Your child will receive only the envelope of SCRIP ordered under your family name. SCRIP will not be sent home with your child if you do not include this signed DISCLAIMER with your first order.

I AUTHORIZE ST. JOHN THE BAPTIST SCRIP MEMBERS TO RELEASE SCRIP TO MY CHILD. I WILL NOT HOLD ST. JOHN THE BAPTIST PARISH RESPONSIBLE FOR ANY LOST OR MISPLACED SCRIP.

Child's Name _____ Grade _____ Teacher _____

Parent Signature _____ Date ____/____/____

REGISTRATION FOR SCHNUCKS eSCRIP
Please PRINT

Name _____ Spouse _____

Address _____

City _____ State _____ Zip _____

Telephone (Home) _____ (Cell) _____ E-mail _____

Card Number _____ / _____ "Supporter Number"

St. John the Baptist Catholic Church eSCRIP Group ID: 500019101

Card Activated [] _____

OFFICE USE ONLY: FAMILY # _____
