



# \$CRIP Registration Form

Account # \_\_\_\_\_

**Account Name** \_\_\_\_\_  
*Authorized Purchasers*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parish \_\_\_\_\_ School \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Assign my 3% credit to one of the following:**

- \_\_\_ I have children in the Catholic School system & want my \$CRIP rebate credited to me.
- \_\_\_ Family of \_\_\_\_\_ Account # \_\_\_\_\_
- \_\_\_ General Tuition Assistance Fund *for* Rochester Catholic Schools
- \_\_\_ Rochester Catholic Parish: \_\_\_\_\_
- \_\_\_ RCS School of your choice: \_\_\_\_\_
- \_\_\_ Lourdes *Building Our Future*

**Complete this part if your child is permitted to bring your \$CRIP order home.**

Your child will receive only the envelope of debit cards/certificates ordered under your family number. Orders will not be sent home with your child if you do not sign this disclaimer.

I authorize Rochester Catholic Schools to release my \$CRIP gift certificates to my child. I will not hold Rochester Catholic Schools responsible for any lost or misplaced certificate.

Student's Name \_\_\_\_\_ School \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

*Parent's signature*

*Date*

\* \* \* \* \*

**We understand our Driver's Licenses will be photocopied and will abide by the policies of the \$CRIP program.**

X \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_  
*Authorized Purchaser* *Authorized Purchaser*

X \_\_\_\_\_  
*( Account Registrar )*