

## **St. Mary Catholic School Scrip Program Agreement 2017/2018**

St. Mary Catholic School (referred to herein as “we”, “us” and “our”) sponsors a Scrip Program which allows you to purchase Scrip. The Scrip you purchase through our program generates rebates from the participating retailers. These rebates are used as a credit to your tuition account, or contributed to the school scholarship fund and to cover the program expenses. The parties agree as follows:

Rebates earned will be used in the following way:

- 60% tuition credit to your family’s tuition account.
- 40% is retained by St. Mary Catholic School for their scholarship fund and to cover the expenses of the program.

Our Scrip Program distributes the rebates several times per year to the tuition account of the family named below during the months of September, December, March, and June.

You agree to indemnify us against any loss incurred in connection with your PrestoPay account used for your ACH transfers you issue to pay for your Scrip online with regards to insufficient funds. We make no representations or warranties of any kind with respect to the Scrip. We are not responsible for lost or stolen cards; no refunds will be given for orders made at any time. This agreement continues unless replaced by another, and can be terminated by either of us upon 30 days advance notice to the other.

All Scrip orders placed online by 12:00 noon on Monday will be ready for pick-up on Friday from 8:00 – 3:30 at St. Mary Catholic School. To authorize other individuals to pick-up your order, please list their names below. **Please note: Scrip orders will not be given to students to bring home.**

I authorize the following individual(s) to pick up my Scrip order:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Prior to picking up your first order, this form, St. Mary Catholic Scrip Program Agreement, must be signed and on file at St. Mary Catholic School.**

I agree to the above terms of the ST. MARY CATHOLIC SCHOOL SCRIP PROGRAM.

Purchaser’s Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Designated Student Tuition Account Name: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Maureen Miscavish, Principal