



FAMILY I.D. \_\_\_\_\_

(Office Use Only)

## S.P.I.R.I.T. REGISTRATION FORM

### Joy Christian School

Name (Adult placing scrip orders) \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Your JCS student(s) and current grade(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

**Please apply my rebates to:** (if more than one, indicate % of each):

- #1  My JCS account
- #2  Another participant's JCS account  check here if you wish to remain anonymous  
 Recipient Student, Name & Grade: \_\_\_\_\_
- #3  BANK IT program. Future Student's Name & Pending Enrollment Date/Grade \_\_\_\_\_
- #4  JCS Building Fund
- #5  Eagle Financial Assistance Fund (needs-based tuition assistance and benevolence)

It is my intention to maximize JCS S.P.I.R.I.T. by applying the rebates earned to the area identified above. I have read and will abide by the general policies of the JCS S.P.I.R.I.T. program, and authorize JCS to apply my portion of the rebates directly as selected in the option(s) above. Changes to the above selections, including requests to receive rebates at the end of the year by check (option 1 only), must be received in writing by the JCS S.P.I.R.I.T. office a minimum of 30 days in advance of quarterly, rebate distribution dates.

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Registration Fee \$10/family (cash only) Check if paid  Received by \_\_\_\_\_

Re-Registration (annual)  fee waived each consecutive year registered

**List those authorized to pick-up your scrip order on your behalf:** NOTE: Students younger than grade 6 are not eligible to pick-up scrip without an authorized adult. Students in grades 6-12 are eligible to pick up in the afternoon only, (not morning pick-up) unless otherwise announced. PLEASE PRINT.

- 1. \_\_\_\_\_ Relationship \_\_\_\_\_
- 2. \_\_\_\_\_ Relationship \_\_\_\_\_
- 3. \_\_\_\_\_ Relationship \_\_\_\_\_

I authorize the above individuals to pick up my scrip, check it for accuracy & sign-off on my order. By doing so, I agree to release Joy Christian School, CCOJ, it's volunteers, staff and Common Grounds employees from any liability should the order become lost, stolen, damaged or be inaccurate in any way. I also understand that once an authorized signature is made by an indicated person above, I am fully responsible for my scrip order.

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_