



Parent Association SCRIP Program

2020-21 SCRIP Program Agreement

NAME: _____

ADDRESS: _____

PREFERRED PHONE NUMBER: _____

EMAIL: _____

SCRIP gift cards purchased through the Canterbury Parent Association SCRIP Program ("SCRIP Program") generate rebates from participating retailers. Fifty percent (50%) of the rebates generated go directly to Canterbury School for the benefit of the school as a whole. 50% of the rebates generated are applied as a tuition credit toward the total tuition balance of each Canterbury Family that participates in the SCRIP Program. The SCRIP Year runs roughly from June 1st through May 31st. If for any reason any Canterbury Family participating in the SCRIP Program elects not to return to Canterbury School, whether or not that Family has purchased any form of tuition insurance, any tuition credits that remain in that Family's SCRIP account are deemed a donation to the Canterbury Parent Association. Please note this Agreement remains in full force and effect for the current Academic and SCRIP Year. Any changes to this Agreement must be made in writing and signed and accepted by an authorized SCRIP Program Representative.

Please indicate your designation from the choices below **(INITIAL ONLY ONE)**:

- _____ Please apply our 50% share of the SCRIP Program rebate to the total tuition statement of our youngest child, _____ (Student's Name), who is enrolled in Grade _____ for the 2020/2021 school year.
- _____ Please apply our 50% share of the SCRIP Program rebate as a donation to the Canterbury Parent Association.
- _____ Please apply our 50% share of the SCRIP Program rebate to the Senior fees associated with our Grade 12 student, _____ (Student's Name).
- _____ Please return our 50% share of the SCRIP Program rebate to our family in the form of a check dated July 1, 2021.

By signing below you agree, on behalf of you and your Family, to indemnify and hold harmless the SCRIP Program, the Canterbury Parent Association and Canterbury School, from any costs, fees, expenses and damages arising from your family's participation in the SCRIP Program, including, but not limited to, any such costs as may arise (1) should any ACH transfer and/or check submitted in connection with your Family's participation in the SCRIP program be returned and/or default as a result of insufficient funds; and (2) should any SCRIP ordered by you or your Family be lost pursuant to the delivery options chosen by you on the reverse of this Agreement. Please note that participation in the SCRIP Program is limited to those Families who have submitted this Agreement, signed and dated, and have had this Agreement signed, dated and accepted by an authorized SCRIP Program Representative.

Please sign and date below to indicate your acceptance of this Agreement and all its provisions.

SIGNATURE: _____ DATE: _____

SCRIP Delivery and Pick-Up Options

As a service to Canterbury Families, the SCRIP Program offers several delivery options for weekly SCRIP orders. Please note that the first page of this Agreement, and the additions below, specifically govern SCRIP delivery options, and delivery will be made only to the individual selected below, or to the person signing this Agreement. **As such, upon selection by you of a delivery method by initialing below, and signature by your designated representative upon delivery of your SCRIP order, whether or not that representative is a minor, ownership of the SCRIP passes to you and is no longer the responsibility of the SCRIP Program, the Canterbury Parent Association or Canterbury School. If you are not comfortable with this method of delivery, please initial the first option below -- pick up by you in the LS Office on Wednesdays after 3:15 p.m.**

Please indicate your designation from the choices below **(INITIAL ONLY ONE)**:

_____ I will pick up my SCRIP order from the LS office on Wednesday after 3:15 p.m.

_____ Please deliver my SCRIP order to my EC/KPrep student.

Student's name: _____ Student's Teacher: _____

_____ Please deliver my SCRIP order to my LS student.

Student's name: _____ Student's Teacher: _____

_____ My MS student will pick up my order in the MS office (on Wednesday after 3:15 p.m.)

Student's name: _____ Student's Advisor: _____

_____ My HS student will pick up my order in the HS office (on Wednesday after 3:15 p.m.)

Student's name: _____ Grade: _____

By signing below, I accept full responsibility for the child designated above to receive or pick up my weekly SCRIP order in the manner described above. I understand once the SCRIP order has been signed for and placed in my child's possession, the risk of loss passes to me.

SIGNATURE: _____ DATE: _____

ACKNOWLEDGED and RECEIVED by, _____, AN AUTHORIZED REPRESENTATIVE
OF THE SCRIP PROGRAM, ON THIS DATE: _____.