

Registrant's Name: _____
(Use this name on all Check and Carry and Long Pink Order Forms)

Street: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

1. Direct my earnings to: (Check one)

____ Family tuition account

____ Family of _____
Confidential: ____ Yes ____ No

____ GRACE board (Financial Assistance)

____ Future Family savings (Not yet enrolled or save for future use at GHCS)

Projected date of enrollment: _____ Child's name: _____

2. Student Information: Student Name(s) and Grade(s) 2018-2019:

3. Shopwithscrip.com Families: (email trip@grandhavenchristian.org if interested)

Username: _____ Enrolled in PrestoPay: Yes ____ No ____

4. Preferred Delivery Method: (for physical gift cards, not Check & Carry)

Office pick up (preferred) _____

Send home with student: _____ Student name: _____

5. Signature: I have read, understand and will abide by the GHCS-TRIP General Policies (available in the GHCS office or at grandhavenchristian.org).

TUITION REDUCTION INCENTIVE PROGRAM – TRIP

Registration Form

Signature: _____

Date: _____

2018-2019