

**LANCASTER COUNTY CHRISTIAN SCHOOL**  
**SCRIP ENROLLMENT FORM AND WAIVER**

Please SIGN and return ENTIRE form with your first order each school year.

To be completed by all who participate in the LCCS Scrip Program:

Name: \_\_\_\_\_  
(last, first, middle initial)

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_



Earnings will be split 50% to Lancaster County Christian School and 50% to individual tuition accounts. As a friend of LCCS (no children enrolled in LCCS), I would like to direct 50% of my earnings to:

The family of \_\_\_\_\_ - Tuition Account

Would you like to keep your donation confidential?  Yes  No

**DISCLAIMER.** Complete this part if your child is permitted to bring your certificates home. Your child will receive only the envelope of certificates ordered under your family number. Certificates will not be sent home with your child if you do not include this signed **DISCLAIMER** with your first order. Please check one:

I AUTHORIZE SCRIP COORDINATORS TO RELEASE MY SCRIP GIFT CERTIFICATES TO MY CHILD. I WILL NOT HOLD LCCS OR THE SCRIP COORDINATORS RESPONSIBLE FOR ANY LOST OR MISPLACED CERTIFICATES.

I WILL PERSONALLY PICK MY GIFT CERTIFICATES UP AT LCCS.  
 Leola  West Lampeter

Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Signature