

Enrollment Form – 2008-2009 School Year

****You must sign a new waiver for your family for the new school year**

Angel Bucks Program

Program rules and guidelines

- 1) Orders must be received by 9 AM Thursday in order to be processed and returned the following week.
- 2) All gift card orders must be accompanied by either a credit card form or check or money order made payable to St. Michael School. Please do not send cash. Angel Bucks payments are not tax deductible because you receive dollar for dollar value.
- 3) If your check is returned because of non-sufficient funds (NSF), you will be charged a \$25 fee payable to St Michael School. After two NSF checks are tendered on your account, your Angel Bucks ordering privileges will be limited to money order only.
- 4) If your payment does not match your order, your order will not be processed.
- 5) Once each semester, St. Michael School will provide a confidential summary of each participating family's purchases so they may monitor their purchases.
- 5) Angel Bucks are purchased on your behalf, and are not returnable.
- 6) When you receive your Angel Bucks, open your order and verify its accuracy. In the unlikely event you should find a discrepancy in your order, please contact an Angel Bucks Program coordinator within 7 days at 468-6150 x356 or angelbucks@stmccary.org.
- 7) If by some unforeseen problem part of your order is backordered, we will contact you and deliver the cards as soon as they are available, or you may select an alternate retailer.
- 7) Angel Bucks are the same as cash, and should be handled accordingly. St Michael School will not be responsible for cards that are lost, stolen or misplaced while in your possession.
- 8) You must sign the WAIVER OF RESPONSIBILITY form before cards will be released with you or your child. These forms will be kept on file, and St. Michael School accepts no responsibility for cards delivered by your child.

Yes! I am ready to participate in the Angel Bucks Program!

First Name		Last Name	
Street Address			
City		State	Zip Code
Home Phone/Email Address		Email Address	

Please Circle One:

School Family

Parishioner

Non-parishioner

Please check one:

I would like to participate in the tuition rebate program.

I waive my tuition rebate and would like to donate it back to St Michael School.

I have read and understand the policies and guidelines listed above, and I agree to abide by these policies

Signature

Date

WAIVER OF RESPONSIBILITY

If you wish to participate, you must have the following waiver signed and sent back to school. If this is not signed, the Angel Bucks cannot go home with a child.

** Please note that the child who brought the Angel Bucks information packet home is the one who will carry the Angel Bucks' cards home as well.

I, _____, give permission to St. Michael School to deliver Angel Bucks which I have ordered and paid for from St. Michael School to my child/dependant, _____, in Mr./Ms _____ room.

I understand that this child/dependant will be responsible for the safe transport of the scrip from school to my home and certify that I have discussed the responsibilities associated with the transport of the Angel Bucks with my child/dependant. I further understand that I have the option of personally picking up my gift card orders from the school office.

I agree that once St. Michael School delivers the Angel Bucks to this child/dependant that the school is not responsible for any Angel Bucks that are lost, stolen or misplaced. I hereby waive any right of recovery that I may have against St. Michael School for Angel Bucks that are lost, stolen or misplaced after it is given to this child/dependant.

Signature _____

Thank you for your support!