

**ACA TUITION REDUCTION INCENTIVE PROGRAM (TRIP)  
ENROLLMENT FORM**

Fill this out and take the paper copy to the Main Office at ACA or present it with your 1st order.

**PLEASE PRINT:**

Last Name: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ PHONE: \_\_\_\_\_

Father's First Name: \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PROGRAM TO BE CREDITED, PLEASE CIRCLE ONE:**

- My child's(ren): Tuition/Preschool/Childcare Payment          Lunch Account
- Other Family Tuition/Preschool/Childcare Payment - Family name-\_\_\_\_\_
- Future Family Account Tuition/Preschool/Childcare Payment - Family name-  
\_\_\_\_\_

(This fund will be held for a maximum of 5 years. If the student does not attend school at ACA the money can not be refunded. The funds will be transferred to the ACA scholarship fund)

- ACA Scholarship Fund

This form is to be completed once and will be valid throughout your participation in the TRIP program. If your program to be credited changes at any time, please contact the TRIP Coordinator.

All orders will be available for pick up on Fridays after 11:00 am in the main office.

\_\_\_\_\_ Allow your student to pick up the gift certificates/debit cards.

\_\_\_\_\_ Allow another adult to pick up the gift certificates/debit cards.

Name \_\_\_\_\_

Please fill out this application form **completely**, this tells us who will be picking up your order so we do not give it to the wrong person. If your student picks up your order, please make sure they know when you have an order to bring home. Remember this is just like cash--when it leaves our hands, it is **your responsibility**. Anyone picking up TRIP orders will be asked to sign for them. Most gift cards have at least a 1-year expiration date. ALL ORDERS ARE FINAL, NO EXCHANGES OR REFUNDS. **Make checks payable to ACA.** Should you leave ACA, any balance in your account will be donated to the ACA scholarship fund.

YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Required)