

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: _____ WORK PHONE: _____

Father's First Name: _____ WORK PHONE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ EMAIL: _____

You must also register your family at www.shopwithscrip.com in order to track your TRIP credits. Click on the "Create Account" button in the green Family Sign Up box and fill in all required information. ACA's enrollment code is EC483D4114842. Under Teacher name enter your preference for the program to be credited.

PROGRAM TO BE CREDITED, PLEASE CIRCLE ONE:

My child's(ren): Tuition/Preschool/Childcare Payment Lunch Ticket ACA Scholarship Fund

Other Family Tuition/Preschool/Childcare Payment - Family name- _____

Teacher Lunch/Classroom Fund - Teacher 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)

This information may be updated at any time by notifying the TRIP coordinator.

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

_____ Allow another parent 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. We try to help by sending reminders out but **you** must inform your student if you expect them to pick up the order. If you did not plan on having your student pick it up and plans change during the week, please send a note with your student giving your permission for us to release the order to them. 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 certificates/debit 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)