T.R.I.P.

Tuition Reduction Incentive Program

Registration Form

1. **DATE:** _____

NAME: _____ _____
Last First

ADDRESS: _____ _____ ON _____
Street City Prov. Postal Code

_____ _____
Home Phone # Email

2. Please keep 100% of the earnings on my purchases, with the CCS Technology Operating Fund:
☐ Yes (proceed to # 4) ☐ No (proceed to # 3)

3. 40% of the earnings on your Gift Card purchases can be designated to your own account, another family or TAF. Please choose **ONE** of the following options:

☐ **Your own Family: Annual cash rebate in June.**

☐ **Your own Family: Future Enrollment / Holding Account**
Projected date of enrollment _____
OR earnings can be held over the years until you decide to use them.

☐ **Donate to Other Family:**
Please specify the Other Family's Name: _____
Would you like to keep your donation anonymous? ☐ Yes ☐ No

☐ **TAF: Tuition Assistance Fund**

4. Choose one of the following methods to obtain your T.R.I.P. order:

☐ **Held in School Office** (Orders received in the school office by 9:00 a.m. on Wednesday will be held in the office for pick-up any time after 12:00 noon on Thursday or thereafter during school hours)

☐ **Sent Home with Student** (Order received in office by 9:00 a.m. on Wednesday will be sent home with designated student on Thursday.)
You must complete the Disclaimer in # 6

5. **Instant T.R.I.P.:** T.R.I.P. is open every Thursday (except statutory holidays) in the school kitchen from 3:00 – 4:30 p.m. There are additional times during the year at various school events.
You can place an order and instantly receive your gift cards at Instant T.R.I.P.

6. Only complete this section if TRIP orders are being sent home with Student.

DISCLAIMER

I AUTHORIZE THE RELEASE OF MY T.R.I.P. GIFT CARDS / CERTIFICATES TO THE STUDENT INDICATED BELOW. I WILL NOT HOLD CHATHAM CHRISTIAN SCHOOL RESPONSIBLE FOR ANY LOST OR MISPLACED GIFT CARDS ONCE IN THE POSSESSION OF THE NAMED STUDENT(S) BELOW. THE STUDENT WILL BE REQUIRED TO SIGN FOR THE ORDER WHEN RECEIVED.

STUDENT
NAME: _____ GRADE _____ TEACHER _____

ALTERNATIVE IF STUDENT ABSENT:
NAME: _____ GRADE _____ TEACHER _____

Signature: _____

For Office Use Only: Ver.Sept 1/2026 Family # _____