

BEAVERDAM CHRISTIAN SCHOOL

Tuition Reduction Incentive Program (T.R.I.P.) Registration Form

DATE: _____

REGISTRANT'S NAME(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

Direct my rebates to: (Check One)

My personal Beaverdam Christian Tuition Account

My personal Unity Christian Tuition Account

Family of _____ Acct.#(if known) _____

Confidential? _____ Yes _____ No

Beaverdam Christian General Fund or Unity Christian General Tuition Assistance Acct.(Circle 1)

DISCLAIMER: Complete this section if your certificates will be either brought home by your child or mailed to your home.

I (we) authorize the TRIP Committee to release my TRIP certificates to my child or to mail if I provide a self-addressed, stamped envelope. I will not hold Beaverdam Christian School or the TRIP Committee responsible for any lost or misplaced certificates as a result of my child's actions or as a result of postal delivery.

Child's Name: _____ Grade: _____

Teacher: _____

Parent's Signature: _____ Date: _____

FUTURE FAMILIES ONLY: (Complete this part if first child is not yet enrolled in Beaverdam Christian)

Projected date of enrollment: _____ Child's Name: _____

FAMILIES WHO'S CHILDREN ATTEND A CHRISTIAN SCHOOL OTHER THAN BEAVERDAM CHRISTIAN OR UNITY CHRISTIAN:

Name of School: _____

Address: _____

(Note: Beaverdam Christian will retain the 0.5%-1% for expenses incurred with any extra funds applied to Beaverdam Christian General Fund)

****WE HAVE READ, UNDERSTAND, AND WILL ABIDE BY THE GENERAL POLICIES OF THE BEAVERDAM CHRISTIAN T.R.I.P. PROGRAM****

Signature: _____ Date: _____