RaiseRight by ShopWithScrip

TAPS

Tuition Rebate Program with Scrip

TAPS Registration Form

IMPORTANT: Please sign and return to TAPS coordinator through any of the offices before placing your first order

Name _____
First Last

Address_____

City_____ Zip_____

Home Phone (___) _____ Cell (___) _____

Email _____

Through the Tuition Rebate Program, you can direct the funds earned from scrip purchases.

Please choose ONE of the following: _____Your Account (child's name)_____
_____ Other BCS Family (Name) _____
_____ Financial Aid Fund

Your account credit will be applied on Dec 1st, Feb. 1st, and May 1st

Delivery Options: ____ Pick up at High/Middle School Office (8:00-4:00)
____ Pick up at Elementary School Office (8:00- 4:00)
____ Pick up at Preschool Office (6:30- 6:00)

I authorize the following people to pick up my scrip order:

1. _____
2. _____
3. _____

DISCLAIMER:
Sign this portion if someone (other than you) is authorized to pick up your scrip cards/ certificates.
*I authorize Bradshaw Christian School to release my scrip cards/ certificates to the person /people indicated above. I will not hold BCS, the volunteers or coordinators responsible for any lost or misplaced certificates occurring during the transportation of said certificates from the school to my home or work place. If you have a returned check that amount plus a returned check fee will be added to your tuition account. If I need to add a new authorized pick up person, I will notify the T.A.P.S. coordinator, emorrison@bradshawchristian.com immediately.

Signature _____ Date ____/_____/_____