

# GCCS TRIP REGISTRATION FORM

4750 Hoover Road Grove City, OH 43123 614-875-3000

Thank you for participating in Grove City Christian School's Tuition Reduction Incentive Program (TRIP). If you are registering as a Kroger Plus Card user or Meijer 1 Rewards shopper, skip to the Registrant(s) section, fill out this form and return it to GCCS.

**If you are registering to be able to participate in the online gift card purchasing program, please follow these instructions:** Along with this paper registration form for the school, you will be registering and setting up your own online account at [www.ShopwithScrip.com](http://www.ShopwithScrip.com). When you are ready to set up your account, please log on to [www.shopwithscrip.com](http://www.shopwithscrip.com). In the orange members log in box, click on the "not a member" link and follow the instructions to set up your account. You will be assigned a password for your account which will allow you to access your account online at anytime. We will use this system to track your purchases and earnings. Please make sure to use the exact same Registrants Name on both this registration form for GCCS as well as the online registration with [shopwithscrip.com](http://shopwithscrip.com). The enrollment code for our school with [shopwithscrip.com](http://shopwithscrip.com) is: **9ACACA9D3323**. That ensures your account is linked to GCCS. Once your registration is set up, you will sign up for Prestopay (the online electronic payment system) and then you may begin placing orders.

**Registrant(s)\*:** Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Email (required for [www.shopwithscrip.com](http://www.shopwithscrip.com) only) \_\_\_\_\_  
Childs full name/grade/teacher(if applicable) \_\_\_\_\_  
\_\_\_\_\_

**Please check any that apply:**

I am registering my 1) Kroger Plus card #: \_\_\_\_\_ 2) Meijer Rewards card #: \_\_\_\_\_

**Check one of the following options:**

- \_\_\_\_\_ Direct credit to my personal account. Child(ren) enrolled for the 20\_\_\_\_\_ school year (current or future)
- \_\_\_\_\_ Donate credit to family of \_\_\_\_\_ (Confidential, yes or no \_\_\_\_\_)
- \_\_\_\_\_ Donate credit to general Student Tuition Assistance fund.
- \_\_\_\_\_ Donate credit to general Teacher's Emergency fund.

**Pick-up Options:** Please complete this section, and **sign** if you would **ever** use this option.

- **SEND GIFT CARDS HOME WITH MY STUDENT OR ANOTHER STUDENT.** I authorize the TRIP committee to release my TRIP order to the student listed below. I will not hold Grove City Christian School or the TRIP committee responsible for any lost gift cards as a result of this student's actions.

Student name \_\_\_\_\_ Grade/Year \_\_\_\_\_ Teacher \_\_\_\_\_

→Signature of registrant \_\_\_\_\_ Date \_\_\_\_\_

Signature of the student's parent  
(if this student is not the registrants child) \_\_\_\_\_ Date \_\_\_\_\_

**Payment: All orders must be paid via PRESTOPAY. Any orders with Insufficient funds will incur a fee (currently of \$30.00 but subject to change without notice-never more than that charged by [shopwithscrip.com](http://shopwithscrip.com)) payable to GCCS-TRIP. No orders will be accepted after two I.F. transactions have been tendered on your TRIP account. These gift cards are purchased on your behalf, and are not returnable. When you pick-up your order, open your order and verify its accuracy.**

**I have read the information carefully, and agree to abide by the policies set up by Grove City Christian TRIP.** I give my permission to release my TRIP funds to the designated family shown above and understand that I am responsible for updating or changing this information by notifying GCCS in writing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to GCCS via fax at 614-875-8933, email at [bbowen@gccsk12.org](mailto:bbowen@gccsk12.org) or send the form in with your student. Questions? Please contact Beth Bowen at [bbowen@gccsk12.org](mailto:bbowen@gccsk12.org) or call 614-875-3000x280.