

SACRED HEART TUITION DISCOUNT ASSOCIATION

SCRIP Program

► Family Data Form ◀

Account Name/Family Last Name _____

Child's Full Name _____

Address _____

City _____ State _____ Zip Code _____

Father's Name _____

Home Telephone # _____ Work Telephone # _____

Mother's Name _____

Home Telephone # _____ Work Telephone # _____

E-Mail Address _____

Would you like to volunteer?

_____ I would like to volunteer as a Seller after Masses.

(Please circle): Between Saturday Masses; 7:30 a.m.; 9:00 a.m.; 10:30 a.m.

_____ I would like to volunteer as a Bookkeeper on Monday mornings.

_____ I would like to volunteer on Thursday mornings for Distribution.

****Please Return with SCRIP order****