

SJB Store Certificate Program Registration Form

St. John Brebeuf School

School year 2008-2009

Please complete and return this form in an envelope marked "SJB Store Certificate Program".

1. To be completed by ALL St. John Brebeuf Families prior to order placement

NAME

Last

First

MI

ADDRESS

CITY

STATE

ZIP

TELEPHONE ()

FAMILY NUMBER

(If you don't have a family number, we will assign one to you.)

Please add all earnings to my account.

Please direct my earnings to another School Family (Earnings can be split up to 4 school families and will be divided equally for all purchases unless otherwise specified).

My Earnings should be directed to the Family of (1) _____ Family of (2) _____
Family of (3) _____ Family of (4) _____

Please direct my earnings to the St. John Brebeuf School Fund

Please direct my earnings to the SJB Teacher's Fund.

Would you like to keep your contributions confidential? Yes No

2. DISCLAIMER. Complete this part if your child is **permitted** to bring your certificates home. Your child will receive only the envelope of certificates ordered under your family number. Certificates will not be sent home with your child if you do not include this signed DISCLAIMER with your first order.

I AUTHORIZE THE STORE CERTIFICATE PROGRAM TO RELEASE MY CERTIFICATES TO MY CHILD. I WILL NOT HOLD ST. JOHN BREBEUF SCHOOL OR THE STORE CERTIFICATE PROGRAM RESPONSIBLE FOR ANY LOST OR MISPLACED CERTIFICATES.

Child's name: _____ Room Number: _____

Parent's Signature: _____ Date: _____

3. I have read, understand and will abide by the policies of the St. John Brebeuf Store Certificate Program.

Signature: _____ Date: _____