TRIP
Tuition Reduction Incentive Program

King Christian School
Registration Form - 2026/2027

1 TO BE COMPLETED YEARLY BY ALL WHO PARTICIPATE IN THE T.R.I.P. PROGRAM:

Last Name: _____

First Name(s): _____

Address: _____

City: _____ **Postal Code:** _____ **Tel: ( )** _____

Email: _____

2 GIFT CARD DELIVERY/PICK-UP INSTRUCTIONS:

☐ Pick-up at the school office

☐ "Kid-Mail" - Child Name: _____ Teacher: _____ Grade: _____

☐ Other Designated Pick-up - Name: _____

If the "Kid-Mail" or "Other Designated Pick-up" option has been chosen, you MUST sign the waiver below

3 WAIVER/DISCLAIMER:

Complete this part if a child (or other designated person) is permitted to bring your gift cards home. This person will receive only the gift cards ordered under your name. Gift cards cannot be sent home with anyone if you have not signed this disclaimer.

I AUTHORIZE T.R.I.P. REPRESENTATIVES TO RELEASE MY GIFT CARDS TO THE PERSON NAMED IN SECTION 2 ABOVE. I WILL NOT HOLD KING CHRISTIAN SCHOOL T.R.I.P. PROGRAM AND/OR ITS REPRESENTATIVES RESPONSIBLE FOR ANY LOST OR STOLEN CARDS.

_____ _____

Signature *Date*

4 FILL OUT THE 40% DESIGNATION FORM:

Please check your one choice below:

☐ Sport Programs
☐ Operating Budget
☐ Capital Campaign
☐ Tuition Reduction for family of choice: Other Family Name: _____
☐ Tuition Reduction for OUR FAMILY

I have read, understand and will abide by the policies of the KCS T.R.I.P. program.

_____ _____

Signature *Date*