

Name _____

Address _____ City _____

State _____ Zip Code _____ Phone _____

Email address _____

Please Circle One:

School Family Parishioner

Please Check One:

____ I would like to participate in the tuition rebate program.

____ I waive my tuition rebate and would like to donate it back to St. MM.

I have read and understand the policies and guidelines listed above, and I agree to abide by these policies.

Signature

Date

WAIVER OF RESPONSIBILITY

If you wish to participate, you must have the following waiver signed and sent back to school.

**Please note that the child who brought the Monarch Money information packet home is the one who will carry the Monarch Money cards home as well.

PLEASE INITIAL DELIVER OPTION:

____ #1. I, _____, give permission to St. Mary Magdalene School to deliver Monarch Money which I have ordered and paid for from St. Mary Magdalene to my child/dependant, _____ in _____ homeroom.

*I understand that this child/dependant will be responsible for the safe transportation of the gift cards from school to my home and certify that I have discussed the responsibilities associated with this task.

____ #2. I choose NOT to have my Monarch Money purchases sent home with my child/dependant. I will pick up my paid orders in the office during the designated pick up times.

****I agree that once St. Mary Magdalene delivers the Monarch Money cards to me or my child, which ever one that I have chosen, that the school is not responsible for any cards that are lost, stolen or misplace. I hereby waive any right of recovery that I might have against St. Mary Magdalene School.**

Signature _____ Date _____