Harmony Christian School Mr. Kevin Barry, Administrator 1790 Rte. 211E Middletown, NY 10941 845-692-5353 Fax 845-692-7140 www.harmonychristianschool.com



In service to Christian families, HCS is a Biblically based ministry, seeking to train young people to reach their full potential in mind, body, and spirit.

T.R.I.P. ACCOUNT REGISTRATION FORM Tuition Reduction Incentive Program

Name:	Phone#:
Email	
Address:	City:
State: Zip:	
1. I am a:Current FamilyFuture Family	Donor
2. Tuition Credits are to be applied to: Above listed family Other family/Families	HCS General FundDevelopment Fund Tuition Assistance Fund
Name:	TRIP Account #:
Name:	TRIP Account#:
Name:	
3. Would you like to keep your donation confidential?Yes	
4. Would you like your order(s) sent home with your child?	YesNo
Child's Name:	Teacher:
 You will be assigned a TRIP account number. Family and friends may help y envelope. We can accept only one envelope per TRIP number each week. number and donate their credits towards your tuition. 	you earn credits by ordering through you. All certificates must be in ONE As an alternative, friends and family may sign up for their own account
 You can enclose cash and/or checks. If you are enclosing other checks in addit checks to ensure accurate crediting. All checks should be made payable to HCS 	tion to your own, please be sure to write your TRIP account number on all TRIP.
Return checks will incur a \$25 fee payable to HCS TRIP. No checks will be ac	cepted after 3 returned checks have been tendered on your TRIP account.
 Gift Cards can be picked up at school or sent home with your child. Yo responsibility. You will be authorizing HCS to release your TRIP gift card misplaced certificates. 	our written instructions on the TRIP envelope serve as a disclaimer of is to the person indicated and will not hold HCS responsible for lost or
 If during the course of the school year you are no longer a tuition-paying paren send a note indicating which family your credits are to be applied to. If we do n 	t, you can direct your accumulated TRIP credits to another family. Please ot receive a note, TRIP credits will be applied to the HCS General Fund.
I/We have read, understand, and will abide by the above listed TRIP po	blicies.
Signature:	Date:
Signature:	