

Tuition Reduction Incentive Program
GAHANNA CHRISTIAN ACADEMY
Enrollment Form

Please SIGN and return ENTIRE form with your first order!

PARTICIPANT: (To be filled in by all who participate in T.R.I.P.)

Your Name _____
Address _____
City _____ State ____ Zip _____ Telephone (____) _____
Name of Child and grade _____
E-Mail: _____
Family Account Number at GCA (We will provide) _____

DONOR FAMILY - FRIENDS OF GCA: (If you have no children enrolled in GCA)

I would like to direct our earnings to: (please check one)

- Family of _____
 GCA General Fund #67 PTO #222
 Music Department #111 Art Department #444

Would you like to keep your donation confidential? Yes No

DISCLAIMER:
Complete this part IF YOUR CHILD IS PERMITTED TO BRING CERTIFICATES HOME. Certificates will not be sent home with your child if you do not include this signed DISCLAIMER with your first order.
I AUTHORIZE GCA T.R.I.P. ORGANIZERS TO RELEASE MY T.R.I.P. GIFT CERTIFICATES TO MY CHILD. I WILL NOT HOLD GAHANNA CHRISTIAN ACADEMY OR THE T.R.I.P. ORGANIZERS RESPONSIBLE FOR ANY LOST OR MISPLACED CERTIFICATES.
Child's name: _____ Grade: _____ Teacher last class: _____
Parent's Signature _____ Date ____/____/____

FUTURE FAMILIES ONLY: Complete this part if first child is not yet enrolled at GCA.

Projected date of first child's enrollment: _____

Child's name: _____

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

Signature _____ Date ____/____/____