

## NOTIFICATION FORM OF SCRIP MEMBERSHIP

- Family Name (s): \_\_\_\_\_ Date: \_\_\_\_\_
  
- Adult Contact Name: \_\_\_\_\_  
Telephone # \_\_\_\_\_ E-mail \_\_\_\_\_
  
- Full Name and Grade of  
Oldest Child Attending HRS: \_\_\_\_\_ Grade: \_\_\_\_\_

### Complete All That Apply:

- eScrip: ID# \_\_\_\_\_
  
- Raleys: Quality of Life Card # \_\_\_\_\_
  
- Albertsons: Preferred Savings Card # \_\_\_\_\_ (New) \_\_\_\_\_ Replacement \_\_\_\_\_  
Check One
  
- School Pop (Formerly One Cause): No identification required/report lists the Family Name.

**\*\*NOTE: Family credit toward annual PTG assessment for rebates earned will not be given unless this form is completed. Notification of Scrip registration, including ID#/Card # must be provided to Holy Rosary School office to participate in the Scrip program.**