

T.R.I.P ENROLLMENT FORM 2010/2011

PLEASE PRINT THE FOLLOWING INFORMATION.

LAST NAME _____

FATHER'S NAME _____

MOTHER'S NAME _____

ADDRESS _____

PHONE _____ CELL # _____

CHILD _____ GRADE _____ ROOM # _____

IF I AM UNABLE TO PICK UP MY ORDER, I AM ALLOWING THE FOLLOWING INDIVIDUALS TO SIGN FOR ME. (No students allowed)

NAME _____ PHONE # _____

NAME _____ PHONE # _____

PLEASE MAKE YOUR \$10.00 ENROLLMENT CHECK OUT TO ST. JOHN TRIP PROGRAM.

I agree not to hold St. John the Baptist Catholic School, Parish, T.R.I.P. Committee liable for any lost, stolen, or misplaced certificates after they have been signed for.

PARENT SIGNATURE

DATE