

**NOTE: This form must be completed yearly in order to participate in the TRIP program**

**TUITION REDUCTION INCENTIVE PROGRAM – TRIP  
Including Meijer Community Rewards Credit  
Grand Haven Christian School – Registration Form**

1. Registrant's Name: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
email \_\_\_\_\_

2. Direct my earnings to: (check one)  
\_\_\_\_\_ my personal tuition account # \_\_\_\_\_  
\_\_\_\_\_ family of \_\_\_\_\_  
\_\_\_\_\_ confidential: \_\_\_\_\_ yes \_\_\_\_\_ no  
\_\_\_\_\_ GRACE board (Financial Assistance)  
\_\_\_\_\_ Covenant Plan at \_\_\_\_\_ church  
  
\_\_\_\_\_ I release my earnings as a Future Family to my current tuition.

3. **DISCLAIMER:** Complete this section **ONLY** if your certificates may be sent home with the child indicated below, or mailed to your home.

I authorize the TRIP committee to release my TRIP gift certificates to my child indicated below or to mail if I provide a business size, self-addressed, stamped envelope. I will not hold Grand Haven Christian School or the TRIP committee responsible for any lost or misplaced certificates as a result of my child's actions or as a result of the postal delivery.

Child's Name: \_\_\_\_\_

Grade and Teacher: \_\_\_\_\_

Registrant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

4. **FUTURE FAMILIES ONLY:** Complete this section if your first child is not yet enrolled at GHCS in grades Y5-8.

Projected date of enrollment: \_\_\_\_\_ Child's name: \_\_\_\_\_

5. **You must complete this part.** I have read, understand and will abide by the general policies (attached for you to keep) of the GHCS-TRIP program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Office use only: GHCS # \_\_\_\_\_ Date: \_\_\_\_\_

GRAND HAVEN CHRISTIAN SCHOOL  
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