

ST. ALPHONSUS/ST.PATRICK SHOP/MANNA
GENERAL POLICIES AGREEMENT

I have read the St. Alphonsus/St. Patrick SHOP/MANNA General Policies statement. I understand and agree to follow these policies. This agreement will be kept on file until your child/children are no longer attending St. Alphonsus/St. Patrick School or if changes occur in our General Policies.

Date: _____
Signature of Parent or Legal Guardian

ST. ALPHONSUS/ST. PATRICK SHOP/MANNA DISCLAIMER

I HEREBY AUTHORIZE St. Alphonsus/St. Patrick School to release shopping gift cards ordered through the SHOP/MANNA program to my child. I will not hold the school responsible for lost gift cards.

This disclaimer will remain in effect until written notice is received from me to St. Alphonsus/ St. Patrick School that I do not wish the gift cards to be sent home with my child. This disclaimer will be kept on file until my child/children are no longer attending St. Alphonsus/ St. Patrick School or if changes occur in the General Policies.

Please send all gift cards to: _____

Family Name: _____

Grade: _____

Date: _____
Signature of Parent or Legal Guardian