



CCS RaiseRight Registration

Please complete and return this form to the CCS Office before you place your first order.

CURRENT Community Christian School Family

Name _____

Email _____ Phone _____

FRIEND of Community Christian School (No children enrolled at CCS)

Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Phone _____

Friends of CCS may direct their earnings to the following (please check one):

- CCS Family _____ (Parent First and Last name)
- CCS Partners in Education

FUTURE Community Christian School Family

Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Phone _____

Name of student _____ Projected Enrollment Year _____

Disclaimer: Complete and return to the CCS office if your child is permitted to handle your RaiseRight orders.

- I authorize Community Christian School to release my RaiseRight cards to my child, _____ . I will not hold Community Christian School or the coordinators responsible for any lost or misplaced cards occurring during the transportation of said cards from the school to my home or workplace. Further, I entrust the responsibility of the order with the named student and no other. If the student changes and another student should be assigned, I will notify the CCS Office and RaiseRight coordinator in writing of these changes.
- _____ will come to CCS and pick my order up in the CCS Office.

We have read, understand, and will abide by the policies of the **RaiseRight** program.

Signature: _____ Date: _____