ShopUMEI REGISTRATION

1.	Date:		
	Name:		
		(Last)	(First)
	Home Phone:_]	Email:
2.	Please keep 1	00% of the earnings on my p	urchases in the General Operating Account.
	Yes ((proceed to #4)	No (proceed to #3)
3. 50% of the earnings on the SHOP UMEI Gift Cards you purcha tuition. Please choose ONE of the following options.			• •
		Your Family: Tuition Red	uction Credit for the current school year.
			uction Credit for the current school year. nily's name;
		Future Enrollment Tuition	Plan. Projected date of enrollment
4.	Choose one o	f the following methods to ol	otain your SHOP UMEI order:
		Held in School Office.	
		Sent Home with Student. (You must complete the disclaimer in #5 below)
5.			l orders are being sent home with Student. SHOP ne student unless this section is complete.
Disclaimer			
I authorize the release of my SHOP UMEI cards to the student indicated below. I will not hold UMEI responsible for any lost or misplaced cards in the possession of the named student(s) below. The student will be required to sign for the order when received.			
Studen	nt Name		Grade
Parent Signature			

6. I have read, understand, and will abide by the policies of SHOP UMEI. See policies.

Signature: _____

Please hand in at the office or scan/photo and email to: office@umei.ca