Kent Primary School Parent Teacher Organization

Unity in the Community!

Visit www.GLSCRIP.COM for full list of participating retailers

ORDER DUE FIRST FRIDAY OF EACH MONTH

CHECKS PAYABLE TO: KPSPTO

QUESTIONS? CONTACT KIMBERLY FRANZ, CHAIRPERSON #878-2094 X293

MARK ENVELOPE: KPSPTO SCRIP ORDER

Parent's Name: _____ Child's Name: _____ Phone: _____

Parent's Email: _____ Child's Teacher: _____

Merchant	Card Value	# of Cards	Tot $ Amount
SUPERMARKETS			
A&P	$25		
A&P	$100		
Shop Rite	$25		
Shop Rite	$100		
Stop & Shop	$25		
RESTAURANTS			
Applebee's	$25		
KFC	$5		
Dunkin Donuts	$10		
Starbucks	$10		
Starbucks	$25		
Burger King	$10		
Red Lobster/Olive Garden	$25		
Wendy's	$10		
LOCAL STORES			
CVS Pharmacy	$25		
Kohl's	$25		
Kohl's	$100		
Blockbuster	$10		
Home Depot	$25		
Home Depot	$100		
Kmart	$25		
Kmart	$50		
Linens n Things	$25		
Rite Aid	$25		
Marshalls/TJ Maxx/Homegoods	$25		
Michael's	$25		
EB Games	$25		

Merchant	Card Value	# of Cards	Tot $ Amount
MALL SHOPS			
Borders/Walenbooks	$10		
Borders/Walenbooks	$25		
Macy's	$25		
Macy's	$100		
Bath & Body	$25		
Staples	$25		
Build-A-Bear	$25		
Barnes & Noble	$10		
Sears	$25		
Sears	$100		
Babies /Toys R Us	$20		
Sports Authority	$25		
Claire's	$10		
CATALOGS			
Land's End	$25		
Land's End	$100		
L.L. Bean	$25		
L.L. Bean	$100		
Amazon.com	$25		
Cabela's	$25		
Cabela's	$100		

Merchant	Card Value	# of Cards	Tot $ Amount
WRITE IN SECTION			
GIFTS $25 OR LESS			
Lowes	$25		
Brookstone	$25		
AMC Theatre	$25		
Regal Theatre	$25		
EB Games	$25		
Barnes & Noble	$20		
iTunes	$15		
Gift Wrappers (16)	5.60		

	# Cards	$Total
TOTALS		

WAIVER for Orders $100 or Less.

Complete this section if your child will be permitted to bring your order home. Orders will NOT be sent with your child if the waiver is not signed.

For families with multiple children at KPS, please indicate ONE child's name only, preferably the oldest child.

I authorize the release of my Scrip order to my child. I will not hold KPSPTO responsible for any lost or misplaced orders.

Parent Signature: _____ Child's Name: _____

Date: _____ Child's Teacher: _____

** Someone from the KPSPTO Scrips Program will call you the day Scrip is sent home to confirm that you have received your order.