



Enrollment Authorization

Please print the following:

Parent Name: _____

Email Address: _____ Phone: _____

Child's Name and Homeroom: _____

Waiver of Responsibility

Gift cards will be distributed through your child's homeroom on pre-set dates. If your child is absent on that date, the gift cards will be available for you to pick up at the office or they will be sent home the following school day. IHM is not responsible for gift cards that are lost, stolen or misplaced once they have been distributed to your child.

I have read and understand the gift card policy and Waiver of Responsibility listed above. I agree to abide by these policies.

Signature

Date

WWW.IHMSCHOOLMD.ORG