

GAGC

“Guardian Angels Gift Certificate” Tuition Credit Program Enrollment Form Program Year 20.21

Parent(s)/Guardian(s) Names: _____

Address: _____

City/State: _____ Zip Code: _____

Phone: _____ 2nd Phone (if applicable): _____

Email address: _____

Would you like to receive emails from the GAGC Program regarding updates, new products, bonus alerts, and more? Yes No

First & Last Name of youngest child enrolled in K-8 _____

Grade entering August 2020: _____

Preschool families: If your only child at HGA is enrolled in the Preschool Program, please indicate which class they are in below.

4-year-old Pre-K (5-day) 4-year old (3-day)

Home Parish (for Catholic Students): _____

Please check one:

Please re-enroll our family in the GAGC Tuition Credit Program.

Account Name: _____

We are enrolling our family for the first time; please contact us with our new Account Name.

Would you be interested in an option to purchase GAGC In-Stock gift cards through the school communication folder during the school year?

Yes No

For Office use only: Account Name: _____ Date: _____