



## STUDENT SAVERS PROGRAM

### REGISTRATION FORM

<b>Student's Name:</b>	
<b>Grade Level:</b>	
<b>UKRFCU Acct. #:</b>	

I, \_\_\_\_\_ hereby give my consent to have my son/daughter participate in the Student Savers Program. I understand that my child's participation in this program will benefit the Ukrainian School. I understand that in order to qualify for prizes and awards, and remain in the program, a minimum of one deposit per month is required. I understand that my child will not be permitted to withdraw any funds from his/her account without my presence. I allow USFCU to use any media of my child for their advertising and promotional needs. By signing below you, the parent/guardian, acknowledge the information above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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For Credit Use Only

Entered by: \_\_\_\_\_

Date: \_\_\_\_\_