

School Stewardship Rate Contract 2017-18

Family Last Name: _____

Parent Name (s): _____

Email Address: _____

Home Address: _____

City: _____ Zip: _____

Children: _____ Grade: _____

I am interested in receiving the School Stewardship rate for the 2016-2017 school year. I understand that in order to receive this rate, I will fulfill the following expectations:

- **Monthly** purchases of Scrip from Regina;
- Thirty-six hours of service to Regina.

Signature

Signature

Date

In order to qualify for the School Stewardship rate, this form must be returned before the student enrolls at Regina. Please return the form to:

Michelle Winders
2140 Rochester Ave
Iowa City, IA 52245

michelle.winders@regina.org