**School Stewardship Rate Contract 2016-17**

|  |  |
| --- | --- |
| Family Last Name:  |       |
| Parent Name (s): |       |       |
| Email Address: |       |       |

|  |  |  |  |
| --- | --- | --- | --- |
| 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*