**School Stewardship Rate Contract 2018-19**

|  |  |  |
| --- | --- | --- |
| 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 2018-2019 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*