

ST. AGNES FOOD CERTIFICATE PROGRAM CONTRACT
(For School Office)
2010 - 2011

NAME (PLEASE PRINT)

Parent's Name: _____

Telephone: _____

Student's Name(s)

Grade in September

All families in K-8 are required to participate in the Food Certificate Program. The purchase of **\$250** a month or **\$3000** for the school year is your obligation.

_____ I will fulfill my full obligation of the Food Certificate Program by **purchasing \$250/month (\$3000/year)** for a 12-month period from July 1 through June 30; this also includes **selling*** food certificates after mass on my scheduled date and time.

Parent's Signature: _____

If you choose not to participate fully in this program, then you must choose one of the options below:

_____ I will pay **\$300** for **NOT** selling (but you must purchase the certificates);

_____ I will pay **\$300** for **NOT** purchasing (but you must still sell)*;

_____ I will pay **\$600** for **NOT** participating at all in this program.

Parent's Signature: _____

* If you miss one of your turns at selling, then you will be billed **\$75 for each missed turn**. Of course, there are emergencies that come up at times, and if you feel you have a valid exception to this rule, it must be addressed in the office.

I fully understand my obligations of this contract.

Parent's Signature: _____