

**ST. JOSEPH REGIONAL SCHOOL  
TUITION AGREEMENT FOR THE 2018-2019 ACADEMIC YEAR  
KINDERGARTEN - GRADE EIGHT**

**FAMILY NAME** \_\_\_\_\_ **PARISH** \_\_\_\_\_

<input type="checkbox"/> <b>CATHOLIC:</b> <i>Please provide proof of registration if not a member of St. Joseph Parish.</i> _____ \$5200. - 1 Child _____ \$8850. - 2 Children _____ \$11,975. - 3 Children _____ \$_____ - please specify number of additional children@\$3000./ea.	<input type="checkbox"/> <b>NON-CATHOLIC:</b> _____ \$5850. - 1 Child _____ \$11,700. - 2 Children _____ \$_____ - please specify number of additional children@\$5850./ea.
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**TUITION PLANS  
ALL PAYMENTS MADE THROUGH FACTS MANAGEMENT SYSTEM**

- Plan A - **Annual:** Full payment on or before **August 1, 2018**
- Plan B - **Semi-Annual:** Half payment on or before **August 1, 2018;** balance on or before **Jan. 15, 2019**
- Plan C - **Quarterly** on or before **August 1, 2018;** on or before **October 1, 2018,** on or before **Jan. 15, 2019** and on or before **March 15, 2019**
- Plan D - **Monthly** (10 payments, beginning **August 1, 2018** and ending **May 1, 2019**)
- Plan E - **Monthly** (12 payments, beginning **July 1, 2018** and ending **June 1, 2019**)

**Choose Monthly Payment Date:** \_\_\_\_\_ (Options are: 5<sup>th</sup>, 10<sup>th</sup>, 15<sup>th</sup>, 16<sup>th</sup>, 20<sup>th</sup>, 25<sup>th</sup> or last day of the month)

**TUITION AGREEMENT**

**TUITION AGREEMENT – PARENTAL ACKNOWLEDGEMENT**

*By signing below, I hereby acknowledge and understand my obligation to pay all tuition due and owing to St. Joseph Regional School ("School") according to the plan selected above. I further acknowledge and understand that this is a legally binding Agreement between me and the School. I understand and agree that if I fail to make any payment required by this Agreement within (30) days after the due date, the School may declare that I am in default under this Agreement and seek any and all legal remedies available, up to and including the submission of my account to a collection agency and/or the expulsion of my child(ren) from the School. With the execution of this Agreement, and for good and valuable consideration, I have submitted a non-refundable registration fee of \$100 per child intending to be bound by the terms and conditions set forth above. I have also completed the **FACTS Management form for tuition payments.***

**All Families are encouraged to purchase gifts cards through our Scrip Program, which raises funds for our Development Fund. Families can earn 50% of the profit from the purchase of gift cards toward their tuition bill.**

Parent/Guardian

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

**SAINT JOSEPH REGIONAL SCHOOL  
PREKINDERGARTEN AGE 3 & AGE 4  
2018-2019 - TUITION POLICY & AGREEMENT**

FAMILY NAME \_\_\_\_\_ PARISH \_\_\_\_\_

*Please provide proof of registration if not a member of St. Joseph Parish.*

<input type="checkbox"/> <b>CATHOLIC CHURCH PARISHIONER RATE</b> <u>Per Child</u>	<input type="checkbox"/> <b>PARISHIONER WITH SIBLING(S) @ SJRS</b> <u>Per Child</u>	<input type="checkbox"/> <b>NON-CATHOLIC RATE</b> <u>Per Child</u>
_____ 4 or 5 Days - \$5575	_____ 4 or 5 Days - \$4475	_____ 4 or 5 Days - \$6250
_____ 3 Days - \$3850	_____ 3 Days - \$3850	_____ 3 Days - \$4680
_____ 2 Days - \$3500	_____ 2 Days - \$3500	_____ 2 Days - \$3650
<b>Please Specify: FULL DAY / HALF DAY</b>	<b>Please Specify: FULL DAY / HALF DAY</b>	<b>Please Specify: FULL DAY / HALF DAY</b>
FULL DAY (8:00am to 2:30pm) HALF DAY (8:00 am to 11:30 am) (Same rate applies)	FULL DAY (8:00am to 2:30pm) HALF DAY (8:00 am to 11:30 am) (Same rate applies)	FULL DAY (8:00am to 2:30pm) HALF DAY (8:00 am to 11:30 am) (Same rate applies)

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half payment on or before **Jan. 15, 2019**
- Plan C - **Quarterly** on or before **August 1, 2018**; on or before **October 1, 2018**,  
on or before **Jan. 15, 2019** and on or before **March 15, 2019**
- Plan D - **Monthly** (10 payments, beginning **August 1, 2018** and ending **May 1, 2019**)

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\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date