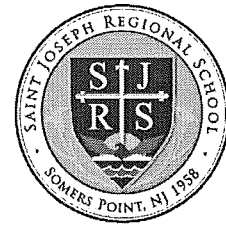


CURRENT FAMILY



Re-Registration Contract 2018-2019

Saint Joseph Regional School is experiencing a significant amount of outside interest from potential new families. Our school administration relies upon this form for your commitment to help determine the number of available seats in each grade.

Please register by February 16th, 2018 to receive the discounted registration fee of \$100 per child. All registration fees collected after February 16th will pay the full rate of \$150 per child.

I am pleased to confirm my commitment to enroll my child/children at Saint Joseph Regional School for the 2018-2019 School Year.

Child's Name	Grade Attending in September 2018
_____	_____
_____	_____
_____	_____
_____	_____

Please be sure to add your child(ren) who will be new to SJRS. (PreK-3 – 8th Grade)

_____ To ensure my commitment and reserve my child(ren)'s seat(s) indicated above, I am enclosing a \$100.00 registration fee per child. (The discounted rate per child before 2/16)

_____ Cash _____ Check

_____ Credit Card () Visa () MC () AMEX () Discover

Name on Card: _____

Card # _____ Exp. Date: _____

Total # of students: _____ x \$100.00 each = Total amount enclosed \$ _____



Family Name

Parent Signature

Primary mailing address: _____

Primary email address: _____

Primary phone number: _____

Paperwork to complete the registration process will be available at a later time. Please return form and registration payment to the Development Office.

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

FAMILY NAME _____ **PARISH** _____

<input type="checkbox"/> CATHOLIC: <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"/> NON-CATHOLIC: _____ \$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: 5th, 10th, 15th, 16th, 20th, 25th 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"/> CATHOLIC CHURCH PARISHIONER RATE Per Child _____ 4 or 5 Days - \$5575 _____ 3 Days - \$3850 _____ 2 Days - \$3500 Please Specify: FULL DAY / HALF DAY FULL DAY (8:00am to 2:30pm) HALF DAY (8:00 am to 11:30 am) (Same rate applies)	<input type="checkbox"/> PARISHIONER WITH SIBLING(S) @ SJRS Per Child _____ 4 or 5 Days - \$4475 _____ 3 Days - \$3850 _____ 2 Days - \$3500 Please Specify: FULL DAY / HALF DAY FULL DAY (8:00am to 2:30pm) HALF DAY (8:00 am to 11:30 am) (Same rate applies)	<input type="checkbox"/> NON-CATHOLIC RATE Per Child _____ 4 or 5 Days - \$6250 _____ 3 Days - \$4680 _____ 2 Days - \$3650 Please Specify: FULL DAY / HALF DAY FULL DAY (8:00am to 2:30pm) HALF DAY (8:00 am to 11:30 am) (Same rate applies)
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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;**
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**)

Choose **Monthly** Payment Date: _____ (Options are: 5th, 10th, 15th, 16th, 20th, 25th or last day of the month)

TUITION AGREEMENT – PARENTAL ACKNOWLEDGEMENT

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Parent or Guardian Signature

Date