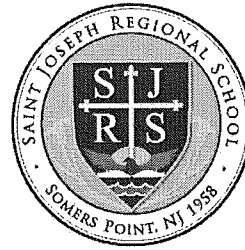


NEW FAMILY

Registration Contract 2018-2019

PreKindergarten – 8th 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.

To enroll in our PreKindergarten Age 4 Program, the child must be 4 years old on or before 9/30/2018 and bathroom independent. To enroll in our PreKindergarten Age 3 Program, the child must be 3 years old to start and bathroom independent.

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
_____	_____
_____	_____
_____	_____
_____	_____

_____ 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

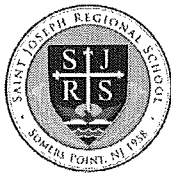
Parent Signature

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.*



**SAINT JOSEPH REGIONAL SCHOOL
 INFORMATION/APPLICATION
 GRADES PreKindergarten - 8
 2018-2019 SCHOOL YEAR**

FAMILY NAME _____ PARISH _____
 (Please Print)

<u>STUDENT'S NAME</u>	<u>GRADE</u>	<u>BIRTHDATE (M/D/YYYY)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

*IF PRE-K HALF DAY _____ FULL DAY _____ DAYS ATTENDING: M T W TH F
 (Please Check) (Please Circle)

ADDRESS _____ PHONE# _____
 _____ MOM'S CELL# _____
 _____ DAD'S CELL# _____

MOTHER'S EMAIL ADDRESS _____
 FATHER'S EMAIL ADDRESS _____

MOTHER'S NAME _____ ADDRESS _____
 (Include maiden name) (If different from above)
 OCCUPATION _____ WORK PHONE# _____

FATHER'S NAME _____ ADDRESS _____
 (If different from above)
 OCCUPATION _____ WORK PHONE# _____

*IF PARENTS ARE DIVORCED OR SEPARATED, WHO HAS LEGAL CUSTODY OF THE CHILDREN?

EMERGENCY PERSON IF OTHER THAN PARENTS _____
 RELATIONSHIP TO CHILD _____
 ADDRESS _____ PHONE# _____

STUDENT'S RACE _____ ETHNICITY _____ RELIGION _____
 IS MOTHER &/OR FATHER A GRADUATE OF SJRS? NO _____ YES _____ WHAT YEAR? _____

FOR NEW STUDENTS, GRADE ONE THROUGH EIGHT

SCHOOL TRANSFERING FROM: _____
 CITY _____ STATE _____ ZIP CODE _____

FOR ALL NEW STUDENTS

PLEASE INCLUDE A COPY OF STUDENT'S BIRTH & BAPTISMAL CERTIFICATES
 ALSO, FIRST PENANCE & FIRST COMMUNION INFORMATION IF RECEIVED SACRAMENTS

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

**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

*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 or Guardian Signature

Date