



**SAINT JOSEPH REGIONAL SCHOOL
TUITION AGREEMENT • 2020-2021 ACADEMIC YEAR
KINDERGARTEN – GRADE EIGHT**

FAMILY NAME _____ **PARISH** _____

<p>CATHOLIC : Parishioner of a Catholic Church</p> <p>_____ \$5,450. 1 Child</p> <p>_____ \$9,095. 2 Children</p> <p>_____ \$12,425. 3 Children</p> <p>_____ \$ _____ Please specify number of additional children @ \$3,000 each</p>	<p>NON-CATHOLIC :</p> <p>_____ \$6,150. 1 Child</p> <p>_____ \$12,100. 2 Children</p> <p>_____ \$ _____ Please specify number of additional children @ \$3,000 each</p>
--	---

TUITION PLANS

ALL PAYMENTS MADE THROUGH FACTS MANAGEMENT SYSTEM

- _____ Plan A – **Annual**: Full payment on or before August 1, 2020
- _____ Plan B – **Semi-Annual**: Half payment on or before August 1, 2020;
balance on or before January 15, 2021
- _____ Plan C – **Quarterly**: On or before August 1, 2020; on or before October 1, 2020;
on or before January 15, 2021 and on or before March 15, 2021
- _____ Plan D – **Monthly (10 payments)**: Beginning August 1, 2020 and ending May 1, 2021
- _____ Plan E – **Monthly (12 payments)**: Beginning July 1, 2020 and ending June 1, 2021
- Circle Monthly Payment Date:** 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 Saint Joseph Regional School (SJRS) according to the plan selected above. I further acknowledge and understand that this is a legally binding Agreement between me and SJRS. I understand and agree that if I fail to make any payment required by this Agreement, within thirty (30) days after the due date, SJRS may declare that I am in default under this Agreement and therefore, execute our Tuition Policy. That may include seeking 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 SJRS. With the execution of this Agreement, and for good and valuable consideration, I will pay the non-refundable registration fee of \$120 per child through my FACTS account, intending to be bound by the terms and conditions set forth above. (If I am new family, I have paid it by cash or check.)

I have opened a FACTS Management Account for online tuition payments. I have included my checking account or credit card information for automatic payment toward my selected payment plan.

All families are encouraged to purchase gift cards through our Scrip Program. Families can earn 50% of the profit from the purchase of gift cards toward their tuition bill.

Parent/Guardian Signature: _____ Date: _____