



HOLY SAVIOR ACADEMY

149 South Plainfield Avenue, South Plainfield, NJ 07080 Ph: 908-822-5890 www.holysavioracademy.com

KINDERGARTEN – GRADE 8
CONTRACT 2026 – 2027
PLEASE COMPLETE ALL PAGES

Please Select:

		<u>Baptized Catholic</u>	<u>Non-Catholic</u>
_____	1 Child	\$6,050/year	_____ \$7,300/year
_____	2 Children	\$10,600/year	_____ \$12,775/year
_____	3 Children	\$13,625/year	_____ \$16,425/year
_____	4 Children	\$16,650/year	_____ \$20,075/year

Registration/Re-Registration Fee per Family
Non - refundable and must accompany Application

_____	Before June 12, 2026	\$125.00 per family
_____	After June 12, 2026	\$275.00 per family

Academic Fee (Books, supplies, computer fee, etc.)
Non – refundable after August 1, 2026

_____	Before June 5, 2026	\$425.00 per student
_____	After June 5, 2026 *	\$475.00 per student

* Paid directly to HSA or billed thru FACTS

Facilities Fee – \$575.00 per family - Billed thru FACTS if not received by August 1, 2026*
* Paid directly to HSA or billed thru FACTS

Payment Options:

- _____ Cash _____ Check (Payable to Holy Savior Academy)
- _____ Venmo - @HolySavior-Academy, “Child(ren) Last Name & Reg 26-27”
- _____ Zelle - payment@holysavioracademy.com, “Child(ren) Last Name & Reg 26-27”
- _____ Credit Cards - in person only - 3% transaction fee. Debit Cards no fee



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Payment Options: Select one

Option 1. ONE FULL PAYMENT, made directly to HOLY SAVIOR ACADEMY. **Due by August 1, 2026.** A \$150.00 discount (per family) will be made if paid in one lump sum.

Option 2. TEN MONTHLY PAYMENTS, August 2026 through May 2027, through the FACTS Tuition Payment Plan. This option requires the parent/guardian to sign up online to have a separate Automatic Tuition Payment Agreement with FACTS Management Company. This will become part of the School Contract. Each year a NEW contract must be set up. Under this Agreement, I/We authorize my/our financial institution to make automatic scheduled payment withdrawals to FACTS Management Company. The FACTS enrollment fee is \$55.00 per year per family.

Parent or Guardian Name: _____ Date: _____

Parent or Guardian Signature: _____

SIGNATURE

Address: _____

Street

City

Zip

Cell Phone: (____) _____ Email Address: _____

PRINT CLEARLY

Full Name of Child: _____ Entering Grade _____

Full Name of Child: _____ Entering Grade _____

Full Name of Child _____ Entering Grade _____



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If Option 2 is selected, payments will be made through FACTS. (initial each statement below)

- ★ If any provision of this contract (and the Automatic Tuition Payment Agreement with FACTS Management Company if payment Option 2 is selected) is not satisfied, Holy Savior Academy has the right to demand full and immediate payment of all outstanding tuition and/or fees owed. _____(Initial)
- ★ If I/we fail to pay tuition/fees by the due date for any reason, an additional \$30.00 late fee will be assessed. The payment plus the \$30.00 late fee is to be paid within seven (7) days of the original date. I/we further agree that if the bank refuses to honor my/our check, I/we will pay Holy Savior Academy an additional \$30.00 returned check fee in addition to any tuition/fees and late fee due. Holy Savior Academy has the right to refuse my/our check and demand payment in cash, money order or cashier check. _____(Initial)
- ★ Failure to make full and immediate payment will indicate to Holy Savior Academy that I/we intend to withdraw my/our child(ren) from Holy Savior Academy. _____(Initial)
- ★ I have read the above and I certify that I understand everything herein contained. I further certify that the information given in the “Registration Form” is true, accurate and complete. _____(Initial)
- ★ I understand that my financial obligations are to remain current. _____(Initial)
- ★ School records and participation in extracurricular activities (sports/clubs) will be withheld until all financial obligations are met. _____(Initial)
- ★ **If tuition is not paid in full, all families must enroll in FACTS. If an agreement is not set up with FACTS an additional \$150 administrative fee will be applied per year per per family to the tuition for monthly invoicing.** _____(Initial)

Parent or Guardian Name: _____ Date: _____

Parent or Guardian Signature: _____

SIGNATURE



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Mandatory Volunteer Policy Acknowledgment Form

Parent/Guardian Name: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Volunteer Requirement Policy

Beginning with the 2026–2027 school year, all families are required to complete 20 volunteer hours per school year in support of our school community. Hours must be completed and logged according to school guidelines to receive credit. 5 hours will be mandatory for the Fall Tricky Tray Event.

Volunteer Opportunities May Include (but are not limited to):

- Lunch aide
- Recess aide
- Class parent
- PTO involvement
- Event setup and/or cleanup
- Leading or assisting with minor fundraisers
- Beautification team member
- Alumni association
- Leading an after-school club throughout the year
- Additional volunteer opportunities will be available before the start of 2026-2027 school year.

All volunteers must be Virtus Certified (Protecting God’s Children).

Acknowledgment & Commitment: Families may choose not to participate in the service hour program by submitting a one-time opt-out fee of \$200, due by December 23, 2026. Families who do not complete the full 20-hour service requirement will be billed for any remaining hours. Please be advised that service hour records will be reviewed prior to the close of the school year. Families who have not fulfilled the 20 service hours outlined in the tuition agreement will receive an invoice for the outstanding balance.

Please check one option below:

I agree to fulfill the required 20 volunteer hours during the 2026–2027 school year.

I am unable to commit to volunteering and understand that there will be a \$200 fee billed to me. Payments can be by cash, check, Zelle, Venmo, or Credit Card (+ 3.5% surcharge processing fee).

Parent/Guardian Signature: _____

Date: _____