



# Holy Savior Academy

149 South Plainfield Avenue, South Plainfield, NJ 07080

908-822-5890 908-822-5891 Fax

## KINDERGARTEN – GRADE 8

### CONTRACT 2019 – 2020

### PLEASE COMPLETE BOTH SIDES

**Please Select:**

		<u>Baptized Catholic</u>	<u>Other</u>
_____	1 Child	\$ 5,050/year	\$ 6,300/year
_____	2 Children	\$ 8,850/year	\$11,025/year
_____	3 Children	\$11,375/year	\$14,175/year
_____	4 Children	\$13,900/year	\$17,325/year

### Registration/Re-Registration Fee per Family

*Non - refundable and must accompany Application*

_____	Before March 1, 2019	\$100.00 per family
_____	After March 1, 2019	\$250.00 per family

### Academic Fee (Books, supplies, computer fee, etc.)

*Non – refundable after August 1*

_____	Before June 1, 2019	\$350.00 per student
_____	After June 1, 2019*	\$400.00 per student

\* Paid directly to HSA or billed thru FACTS

**Fundraising Fee** – Billed thru FACTS if not received by August 1 \$500.00 per family

-OVER-

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CONTRACT  
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**Payment Options: Select one**

\_\_\_\_\_ Option 1. ONE FULL PAYMENT, made directly to HOLY SAVIOR ACADEMY. **Due by August 1, 2019. A \$100.00 discount (per family) will be made if paid in one lump sum.**

\_\_\_\_\_ Option 2. TEN MONTHLY PAYMENTS, **August 2019 through May 2020**, through the FACTS Tuition Payment Plan. This option requires parent/guardian to sign a separate Automatic Tuition Payment Agreement with FACTS Management Company that will become part of this School Contract. Under this Agreement, I/We will authorize my/our financial institution to make scheduled payments to FACTS.

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.

If Option 2 is selected, payments will be made through FACTS.

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.     x \_\_\_\_\_ (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.     x \_\_\_\_\_ (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.

I understand that my financial obligations are to remain current. School records and extracurricular activities will be withheld until all financial obligations are met.

Parent or Guardian Name: \_\_\_\_\_  
PRINT

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

Address: \_\_\_\_\_  
Street City Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Full Name of Child: \_\_\_\_\_ Grade \_\_\_\_\_  
PRINT

Full Name of Child: \_\_\_\_\_ Grade \_\_\_\_\_  
PRINT

Relationship to Child: \_\_\_\_\_ Date: \_\_\_\_\_