



Holy Savior Academy

149 South Plainfield Avenue, South Plainfield, NJ 07080

908-822-5890 908-822-5891 Fax

PRE-KINDERGARTEN 3 and 4 Year Old

FULL DAY PROGRAM CONTRACT 2019 – 2020

PLEASE COMPLETE BOTH SIDES

Holy Savior Academy is a private Roman Catholic school in South Plainfield, NJ. I understand that my child will be taught the principles and teachings of the Roman Catholic Church.

The Program is designed for the group care of children. It must be recognized that not every child is suited to this kind of care. Therefore, for the good of the greatest number of children served by the School, the School reserves the right to refuse service to any child deemed unsuitable for group care. All children are admitted on a trial basis, after which, services may be refused in accordance with the foregoing statement. Birth certificates, baptismal certificates, and immunizations are due at registration. Children must be potty trained.

Please Select:

Pre-K – 3 year old Monday, Wednesday, Friday Only

Child must be three years old by October 1 (no exception). Transportation must be provided by parent/guardian.

_____ 3 Full Days \$4,250 per year

Pre-K – 4 year old

Child must be four years old by October 1 (no exception). Transportation must be provided by parent/guardian.

_____ 5 Full Days (Monday – Friday) \$6,250 per year
_____ 3 Full Days (Monday, Wednesday, Friday) \$4,250 per year

Registration Fee Per Family (Non – refundable)

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

-OVER-

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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

Relationship to Child: _____ Date: _____