

# 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 2025 – 2026

#### 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:

<u>Pre-K – 3 year old</u>	d Monday, Wednesday, Friday Only	
Child must be three	years old by October 1 (no exception). Transportation	n must be provided by parent/guardian.
	5 Full Days 3 Full Days	\$7,000per year \$5,000 per year
Pre-K – 4 year old Child must be four y	dears old by October 1 (no exception). Transportation	must be provided by parent/guardian.
	5 Full Days (Monday – Friday) 3 Full Days (Monday, Wednesday, Friday)	\$7,000 per year \$5,000 per year
Registration Fee l	<u>Per Family</u> <mark>(Non – refundable)</mark>	
	Before Feb 13, 2025 After Feb. 13, 2025	\$100.00 per family \$250.00 per family

### PRE-KINDERGARTEN FULL DAY PROGRAM CONTRACT 2025 - 2025

**Payment Options: Select one** 

Option 1.		e directly to HOLY SAVIOR AC liscount (per family) will be made	•	
Option 2.	Tuition Payment Plan. This of this School Contract. Under	S, August 2025 through May 2 option requires parent/guardian twith FACTS Management Comer this Agreement, I/We will aut payments to FACTS. The FACTS	o sign up online a separate A pany that will become part horize my/our financial	
plus the \$30.00 late fee is to honor my/our check, I/we	be paid within seven (7) day will pay Holy Savior Acad e. Holy Savior Academy ha	eason, an additional \$30.00 lys of the original date. I/we lemy an additional \$30.00 las the right to refuse my/out	further agree that if the ba returned check fee in add	nk refuses to dition to any
If Option 2 is selected, paym	ents will be made through Fa	ACTS.		
	d) is not satisfied, Holy Savie	uition Payment Agreement vor Academy has the right to ((Initial)		
	mediate payment will indic Academy. x	ate to Holy Savior Academy (Initial)	that I/we intend to with	draw my/our
	certify that I understand ever true, accurate and complete.	rything herein contained. I fu	orther certify that the infor-	mation given
I understand that my finand withheld until all financial of		ain current. School records	and extracurricular activ	rities will be
Parent or Guardian Name:				
		PRINT		
Parent or Guardian <mark>Signature</mark>	<u>;</u>	Parent email		
Address:				
Street	t	City	Zip	
Home Phone:	Cell Phone:			
Full Name of Child:		Gra	de	
Relationship to Child:		Date:		
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