

**“MIDDLE STATES ACCREDITED”
SAINT JOSEPH ACADEMY**

131 East Fort Lee Road · Bogota, New Jersey 07603

**TUITION CONTRACT
2017 – 2018**

Grades K - 8

I understand that this is a legal document and my signature constitutes full agreement of the terms set forth.

- 1) HSA- sponsored events as indicated on the attached sheet.

_____ I will **chair** one HSA event and receive a \$375 rebate on tuition upon **completion**.

_____ I will **work** one HSA event and receive a \$50 rebate on tuition upon **completion**.

_____ I elect **not** to chair or work a HSA event; therefore, I agree to **pay** the \$375 assessment.

- 2) Attend the scheduled Home School Association Meetings.

TUITION FOR 2017 – 2018

*** Monthly fee is for SJA Operation fund and will be added to tuition monthly for 10 months.

One Child	\$4,900.00	(\$490.00/ month + \$37.50 monthly fee)	\$527.50
Two Children	\$7,850.00	(\$785.00/ month + \$37.50 monthly fee)	\$822.50
Three Children	\$9,425.00	(\$942.50/ month + \$37.50 monthly fee)	\$980.00
Four or more Children	\$10,784.00	(\$1,078.40/ month + \$37.50 monthly fee)	\$1,115.90

10 Monthly Payments from August - May
1st Payment due August 15th - 10th Payment due May 15th

Date: _____ **Parent Signature:** _____

Print Parent Name: _____

Parent's Social Security No. (Required) _____

Parent's phone number _____

Parent's Email address _____

Child/Children's Names & Grades _____

SAINT JOSEPH ACADEMY

HOME AND SCHOOL ASSOCIATION SPONSORED EVENTS

FOR THE 2017 – 2018 SCHOOL YEAR

I would like to work one of the following HSA events below (please choose 4 and mark in preference order)

- _____ Halloween Fun Night (October)
- _____ Pocketbook Bingo (November)
- _____ Barnes and Noble (December)
- _____ Breakfast with Santa – must have Protecting God’s Children (December)
- _____ Santa’s Secret Workshop – must have Protecting God’s Children (December)
- _____ Family Pasta Night/Talent Show (March)
- _____ Bunny Bash – must have Protecting God’s Children (Easter)
- _____ Tricky Tray (June)

I would like to chair the following event _____

Date: _____ **Parent Signature:** _____

Print Parent Name: _____

Parent’s e-mail: _____

Parent’s cell number: _____

Child/Children’s Names & Grades _____

PLEASE NOTE: Once completed, please return this form to the HSA Executive Board, attention of Jenny Doyle, for review. You will be advised as to your event selections.