

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

131 East Fort Lee Road · Bogota, New Jersey 07603

**2020 - 2021 TUITION CONTRACT
Pre-K 3/4 PROGRAM**

My signature on this Tuition Contract confirms that I understand this is a **legal and binding** document and agree to what my responsibilities are to Saint Joseph Academy.

1. It is my responsibility to create an account with FACTS Management Company by June 15, 2020, at which time I have the ability to establish the form of payment that best suits my needs.
2. Ten (10) monthly payments will be made to meet my financial obligation beginning July 15, 2020, and ending April 15, 2021.
3. Siblings of Students in Grades K-8 will receive a \$500 discount from the total tuition listed below.
4. A late fee of twenty dollars (\$20.00) will be assessed every month my payment is not received.
5. If my account is in arrears three (3) or more months, I understand my child/children will not be allowed to return to school until my account is current.
6. Please Note that the SJA/ HSA Operation Fund is a Family Commitment of \$175.00.
7. If I **work** an HSA event, I will receive a tuition rebate of fifty dollars (\$50.00) **upon completion**.
8. If I choose not to volunteer in HSA events, I understand I will pay an **additional non-participating opt-out fee of \$150.00**
9. Before Care is Available from 7:00 – 7:45 A.M. (included in your tuition cost).

MORNING ONLY TUITION FOR 2020 - 2021

**** All students must attend the program every day
(Monday-Friday from 8 a.m. – 12 Noon) ****

	<u>TUITION</u>	<u>SJA / HSA OPERATION FUND</u>	<u>TOTAL</u>	<u>MONTHLY PAYMENT</u>
One Child	\$ 4,761.00	\$175.00	\$ 4,936.00	\$ 493.60
Two Children	\$ 8,975.00	\$175.00	\$ 9,150.00	\$ 915.00

FULL DAY TUITION FOR 2020 – 2021

	<u>TUITION</u>	<u>SJA / HSA OPERATION FUND</u>	<u>TOTAL</u>	<u>MONTHLY PAYMENT</u>
One Child	\$ 7,027.00	\$175.00	\$ 7,202.00	\$ 720.20
Two Children	\$ 13,479.00	\$175.00	\$ 13,654.00	\$ 1,365.40

Date: _____ **Parent Signature:** _____

Print Parent Name: _____

Parent's Social Security No. (required) _____

Child/Children's Names _____

FULL DAY _____

AM ONLY _____