



151 Gropp Avenue Hamilton, NJ 08610
Phone: 609-585-7733 Fax: 609-581-8436 www.srsnj.org

Preschool Tuition Agreement 2017 -2018

Student Name: _____ Parent/Guardian Name: _____
(Please print full name: First, Middle and Last) (Please print full name)

Address: _____ Phone: _____
(Street, City/Town, State, Zip Code)

Email Address: _____ Cell Phone: _____

The Preschool tuition rates for the 2017 - 2018 school year are listed below.

Non-refundable Registration Fee: \$125.00

Full day session: 8:30 am - 2:30 pm. Half day sessions: 8:30 am - 12:00 pm.

Schedule	Tuition Rates for 2017 -2018	Option Selected Parent / Guardian initials
Five Full Days	\$6,950.00	
Four Full Days	\$5,900.00	
Three Full Days	\$4,750.00	
Two Full Days	\$3,500.00	
Five Half Days	\$4,800.00	
Four Half Days	\$4,100.00	
Three Half Days	\$3,300.00	
Two Half Days	\$2,400.00	

Please indicate which days you would like your child to attend:

Preschool 3 _____ Preschool 4 _____

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Family Name: _____ Date: _____

Payment Options: Choose one option by placing an "X" on the appropriate line.

One payment option must be chosen.

A **non-refundable** deposit of **\$250.00** per family is due by **Friday, March 3, 2017**. Payment of this fee is required to insure a place at Saint Raphael School for 2017 -2018 school year. This non-refundable deposit will be credited toward 2017 -2018 tuition payment(s).

_____ Option 1: ONE PAYMENT

Deposit of \$250.00 due **Friday, March 3, 2017**

Full payment due **Fri., June 23, 2017**

_____ Option 2: TWO PAYMENTS:

Deposit of \$250.00 due **Friday, March 3, 2017**

First installment: **Fri., June 23, 2017** (50% of total due)

Second installment: **Friday, January 12, 2018** (Balance of total due)

_____ Option 3: FACTS TUITION PAYMENT PLAN:

Deposit of \$250.00 due **Friday, March 3, 2017**

Additional 11 monthly payments made from **July 2017 through May 2018** will be debited from your account through the FACTS program.

Parents/Guardians: please sign and return this agreement with the necessary non-refundable deposit of \$250.00 to the school office by **Friday, March 3, 2017**.

We have read the Parent - School Tuition Agreement and agree to observe the conditions governing the attendance of our child/children at Saint Raphael School for the 2017 - 2018 school year.

Father's Name
(Print)

Father's Signature

Mother's Name
(Print)

Mother's Signature

Guardian's name
(Print)

Guardian's signature

Personal Guarantee

I/We understand that each parent/guardian of the child/children enrolled at Saint Raphael School must sign the Parent-School Agreement on an annual basis attesting that I/we are both jointly and severally liable for my/our child/children's entire yearly tuition.

Tuition must be paid in full or up-to-date (*subject to the principal's discretion) with monthly payments for the previous academic school year before the child/children may be registered for the following academic school year.

Mother / Guardian

Date

Father / Guardian

Date