

# Notre Dame Regional School

108 Church Street      601 Central Ave  
Newfield, New Jersey 08344      Landisville, New Jersey 08326

## PreK-8<sup>th</sup> Grade TUITION AGREEMENT FORM 2011 - 2012

			<b>YEAR 11/12</b>	
STUDENT'S NAME _____		GRADE _____	AMOUNT _____	
(Please Print)	Last _____	First _____	PK-days per week _____	
		GRADE _____	AMOUNT _____	
(Please Print)	Last _____	First _____	PK-days per week _____	
		GRADE _____	AMOUNT _____	
(Please Print)	Last _____	First _____	PK-days per week _____	
		GRADE _____	AMOUNT _____	
(Please Print)	Last _____	First _____	PK-days per week _____	
<b>Other Fees:</b>			TOTAL Other Fees _____	
a) Pre-K Activity Fee \$60 (per child)			GRAND TOTAL AMOUNT _____ (Grand Total "due date" is based on plan choice below.)	
b) Kindergarten Activity Fee \$60 (per child)				
c) Administrative Fee \$400 (per family K-8 only)				

Registration/Re-registration Fee per child: \$100.00 Non Refundable is due at time of registration/re-registration.

**#of Students \_\_\_\_\_ X \$100.00 equals Total Registration/re-registration Fees due: \_\_\_\_\_**

Office Use only: Amount Paid \$ _____	Cash _____	Check # _____	Date _____	Parish/Letter _____
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**\*\*TUITION ASSISTANCE AVAILABLE For Grs "K-8" / PLEASE APPLY ON LINE OR REQUEST APPLICATION\*\***  
[www.smarttuitionaid.com](http://www.smarttuitionaid.com)

Days Per Week	Total Days Per Year	Per Day	Total Tuition Amount
5	180	\$ 29	\$ 5,220
4	149	\$ 29	\$ 4,321
3	120	\$ 35	\$ 4,200
2	76	\$ 40	\$ 3,040
1	38	\$ 40	\$ 1,520

	Catholic		Non-Catholic
1st Child	\$ 4,150	Each Child	\$ 5,100
2nd Child	\$ 3,250		
3rd Child	\$ 2,650		
Each Additional	\$ 2,650		

### Payment Plan Choice (Please check one):

PLAN A _____ Payment in Full August 15	PLAN B _____ Two Equal Payments Due August 15 <sup>th</sup> & January 15 <sup>th</sup> SMART is utilized for collection of tuition for plans B, C and D.	PLAN C _____ Ten Equal Payments Due August 15 <sup>th</sup> - May 15 <sup>th</sup>	Plan D _____ Twelve Equal Payments Due June 15 <sup>th</sup> - May 15 <sup>th</sup>
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**\*\*IF NO PAYMENT PLAN IS CHOSEN, "PLAN A" WILL AUTOMATICALLY BE SELECTED.\*\***

**\*\*\*PLEASE NOTE THAT YOU MAY USE THE SCRIP PROGRAM WITH ANY OF THE ABOVE PLANS\*\*\***

I/we understand and agreed to the following: that in the event any school obligation is in default the school reserves the right to hold all records including report cards until the outstanding fee/obligation are fulfilled; that in the event any obligation is not met, a student will not be permitted to participate in K or 8 graduation ceremonies or receive his/her diploma; that all school obligations for any prior school year must be fulfilled before any student will be permitted to return to Notre Dame for the next school year; that Notre Dame reserves the right to release any student and family for any noncompliance to any policy, procedure or agreement that Notre Dame has established; that I/we may not be eligible for the payment plan I/we choose because of previous non-payment; that it is my/our responsibility to make timely payments; that the school may, but is not obligated to, send reminders or other notices regarding outstanding bills; that there will be an automatic late charge applied in the amount of \$30, in addition to any SMART late fees, for payments made after the due date; that returned checks are subject to a \$40 fee; upon withdrawal of my/our student/s, my/our account is in arrears and payment arrangements are not met, the matter automatically will be remanded for collection 30 days from date of withdrawal; I/we will be responsible for an additional late fee of \$20 per month, accessed from the last month my/our account was paid up-to-date; in addition I/we will be responsible for court cost, and any and all other fees associated with the collection of the debt.

**Please Print**

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Father's Signature \_\_\_\_\_

Date \_\_\_\_\_ SS# \_\_\_\_\_

**Please Print**

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Mother's Signature \_\_\_\_\_

Date \_\_\_\_\_ SS# \_\_\_\_\_