

ST. JOSEPH SCHOOL 2018-2019 TUITION CONTRACT

Based on Diocesan Guidelines, the following is the new tuition policy for St. Joseph School for the 2018-2019 school year.

REGISTRATION FEE – 3 & 4 year old program \$150.00
(Non-Refundable)

PRE-K ALL DAY - \$5,250.00 (8am – 2pm) Monday to Friday

PRE-K HALF DAY- \$4,550.00 (8am – 11:15am) Monday to Friday

FEE DUE AT THE TIME OF REGISTRATION - \$150.00 (made payable to St. Joseph School)
(Registration fees are non-refundable)

TUITION CHOICES

St. Joseph School has adopted a tuition management and collection program called SMART TUITION. You are asked to complete the Smart Tuition Payment Plan 2018-2019 Enrollment Form and return it to the school office with the other registration materials in this packet upon registration.

PLEASE NOTE:.

- *To be eligible for PK3, a child must be three (3) years of age on or before October 1st and for PK4, a child must be four (4) years of age on or before October 1st.*
- *Child must be toilet trained*
- *All fees (non-refundable) must be returned with the registration materials. The registration materials and fees are due in the school office in order to insure a space for your child. New families are especially urged to return their registration materials as soon as possible, since new students are accepted on a first come, first served basis.*

St. Joseph School
865 Roosevelt Ave.
Carteret, NJ 07008
PK Registration 2018-2019

www.sjps.net

Dear Parents / Guardians,

Attached please find your registration packet for the upcoming **2018-2019 academic year**. We thank you for choosing St. Joseph School and sharing God's precious gift with us – your children. Your support of Catholic education is greatly appreciated. The cooperation of paying tuition on time and support of fund raising activities for the Home School Association is of great assistance in administrating the School.

St. Joseph's Preschool offers children a loving Catholic community setting in which to grow and learn. The curriculum for the preschool is designed to make each child's first school experience a positive one.

ST. JOSEPH MISSION STATEMENT

The school community of St. Joseph gathers together in Christ to explore the richness of our faith, in our study of the created world and our part in it. We educate our students to become responsible, spiritual young adults who are respectful of themselves and others and who use their gifts and talents to make positive contributions to our church and world.

Filing this (application/registration) form should not be deemed acceptance to St. Joseph School. An application will not be considered complete until all the necessary paper work has been submitted, including immunization records.

No child shall be admitted to St. Joseph School without proper proof that the child has been immunized as required by the laws of the State of New Jersey, N.J.S.A.26:1A-9. Proper immunization is a condition of admission to the School. No requests for religious exemptions will be considered.

Pre-School Immunization Guidelines:

DPT - a minimum of four doses.

Polio – a minimum of three doses.

MMR – Measles, Mumps, Rubella, one dose administered on or after the first birthday.

(Children immunized before the first birthday are to be re-immunized.)

HIB – a minimum of 1 dose is needed after the 1st birthday.

Varicella – one dose must be given after the first birthday, or history provided of child already having the chicken pox disease.

PVC (Pneumococcal Vaccine – one dose must be administered on or after the first birthday.

Flu Vaccine – one dose administered between September 1st and December 31st of the current school year.

Registration packet and fees are due by March 7th

ST. JOSEPH SCHOOL REGISTRATION CHECKLIST

A copy of the following must be included for all NEW Registrations:

Birth Certificate	_____
Immunization Record	_____
Baptismal Certificate (Catholic Families Only)	_____
Family Information	_____
Tuition Payment Plan/Parent Agreement Form	_____
Smart tuition form	_____
Registration Fee Paid (\$150.00) (non-refundable)	_____

Failure to include any of these items will result
in the return of the application packet.

PAYMENT PLANS

(Please indicate the payment plan of your choice)

____ **PLAN A** (Full Payment Plan) Full payment due July 1, 2018.
(\$100.00 discount if payment is made by due date)
This is the only payment made directly to the school.

____ **PLAN B** (Eleven Payment Plan) 11 equal payments **THROUGH SMART TUITION**
(Beginning June through April)

____ **PLAN C** (Ten Payment Plan) 10 equal payments **THROUGH SMART TUITION**
(Beginning July through April)

____ **PLAN D** (Two Payment Plan) 2 equal payments **THROUGH SMART TUITION**
July 1st January 1st

____ **PLAN E** (Four Payment Plan) 4 equal payments **THROUGH SMART TUITION**
July 1st, October 1st, January 1st, March 1st

(FOR PAYMENT PLANS B, C, D AND E, YOU MUST BE ENROLLED WITH SMART TUITION.

FEE DUE AT THE TIME OF REGISTRATION - \$150.00 (made payable to St. Joseph School)
(Registration fees are non-refundable)

***WHEN I SIGN THIS CONTRACT I ACCEPT MY OBLIGATIONS AS BINDING.
I UNDERSTAND THAT FAILURE TO PAY THIS OBLIGATION COULD RESULT
IN MY CHILD(REN) BEING REMOVED FROM SCHOOL.***

Date: _____ Father/Guardian Signature _____

Date: _____ Mother/Guardian Signature _____

Registration packet and fees are due by March 7th

STUDENT NAME: _____

Address: _____

City _____ State _____ Zip _____

Home Phone # _____

Date of Birth _____ Social Security # _____

Citizen of _____ Sex _____

Student's Religion _____

Church of Baptism _____ City _____

Primary Language Spoken at Home: _____

FATHER'S INFORMATION

Name _____ E-mail Address: _____

Place of Birth _____ Religion _____

Employer _____ Occupation _____

Business Phone _____ Cell Phone _____

MOTHER'S INFORMATION

Name _____ E-mail Address: _____

Place of Birth _____ Religion _____

Employer _____ Occupation _____

Business Phone _____ Cell Phone _____

CATHOLIC FAMILIES ONLY What parish are you registered in?

Name of Church _____ City _____

NON-CATHOLIC FAMILIES ONLY

Where do you attend services? _____

PLEASE CHECK ONE: Marital Status

____ Married ____ Divorced ____ Separated ____ Single Parent ____ Remarried

CHILD RESIDES WITH: Circle one

Both Parents Father Mother Grandparents

In cases of separated or divorced parents please submit a copy of Custody Rights to the school.

CHILD'S INTERESTS: Please circle what applies:

Blocks Books Coloring Puzzles Playdough Paint Music

THINGS YOUR CHILD LIKES:

THINGS THAT UPSET YOUR CHILD:

FOOD ALLERGIES:

SIBLINGS:

Name	Age	School	Grade

Has your child previously attended a daycare or preschool? _____

Name of daycare or preschool: _____

City _____ State _____

Language spoken at home other than English: _____

Has this student been evaluated by a Child Study Team of a local school district and/or private agency?

If yes, give the name of the institution performing the evaluation: _____

Has this student had any psychological and/or neurological testing? _____

If yes, person or agency responsible for the testing: _____

Telephone Number: _____