



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

**Preschool Tuition Agreement**  
 2019 - 2020

**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 2019 - 2020 school year are listed below.

**Non-refundable Registration Fee: \$125.00**

Full day session: 7:45 am – 3:00 pm. Half day sessions: 7:45 am -12:00 pm.

Schedule	Tuition Rates for 2019 -2020	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 1, 2019**. Payment of this fee is required to insure a place at Saint Raphael School for 2019 -2020 school year. This non-refundable deposit will be credited toward 2019 -2020 tuition payment(s).

\_\_\_\_\_ Option 1: ONE PAYMENT

Deposit of \$250.00 due **Friday, March 1, 2019**

Full payment due **Thurs., June 20, 2019**

\_\_\_\_\_ Option 2: TWO PAYMENTS:

Deposit of \$250.00 due **Friday, March 1, 2019**

First installment: **Thurs., June 20, 2019** (50% of total due)

Second installment: **Friday, January 10, 2020** (Balance of total due)

\_\_\_\_\_ Option 3: FACTS TUITION PAYMENT PLAN:

Deposit of \$250.00 due **Friday, March 1, 2019**

Additional 11 monthly payments made from **July 2019 through May 20120** 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 1, 2019**.

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 2019 - 2020 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.

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**Mother / Guardian**

**Date**

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**Father / Guardian**

**Date**