

**ST. JOSEPH SCHOOL  
335 CENTER ST.  
BRISTOL, CT 06010  
860-582-8696**

**TERMS OF REGISTRATION AGREEMENT  
2008-2009**

**Person/s Responsible for Tuition** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**E-mail** \_\_\_\_\_ **Religion** \_\_\_\_\_

**Parish Now Attending** \_\_\_\_\_ **St. Joseph Envelope No.** \_\_\_\_\_

<b>Name of Student(s)</b>	<b>Grade in September</b> <small>Specify ½ or full-day Kindergarten, Pre-K 3, Pre-K 4 -3day am, Pre-K 4-5 day am, Pre-K 4 5full day Gr. 1, 2, 3, 4, 5, 6, 7, 8</small>	<b>Tuition</b>
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
Add \$250. Home & School Activity Fee if wanted included with tuition payment.		\$ _____
Add \$150. Scrip Fundraising Fee Can now include both in tuition payment up front		\$ _____
<b>TOTAL</b>		\$ _____

**Tuition for this school year will be paid by (check one)**

\_\_\_\_\_ **Option 1 – single payment due July 1 – CASH OR CHECK ONLY  
payable to St. Joseph School – 3% discount – no fee**

\_\_\_\_\_ **Option 2 – single payment due July 1 – credit card –  
no 3% discount**  
**Visa No.** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_  
**Master Card No.** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_  
**American Express No.** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

\_\_\_\_\_ **Option 3 – monthly payment plan through FACTS –  
\$35 processing fee – FACTS form attached –  
Please attach a void check if utilizing a checking account.**

**\*\*\*\*\* PLEASE SIGN THE REVERSE SIDE \*\*\*\*\***

## TUITION PAYMENT CONTRACT AGREEMENT

I understand that the following fees are **not included** in the tuition cost:

- \$25 Registration fee for new students
- \$250 Assessment fee for student who is registered in a Catholic parish other than St. Joseph Church. This fee is billed to and paid by your parish. If parish refuses to pay, parent is liable for this assessment. Not applicable to Pre-K
- If Assessment Fee is denied by parish due to lack of participation, you will be billed at unaffiliated rate.
- \$250. Activity Fee for families. This fee is for all families not wishing to volunteer their time and is paid separately from tuition. Not applicable to Pre-K.
- \$150 Scrip Fee for families. This fee is for families not wishing to participate in the Scrip gift card program and is paid separately from tuition. Not applicable to Pre-K.

**Scholarship and Tuition Assistance Awards** will be deducted from each tuition payment and credited to the student's account.

1. **Reservation.** I as parent or guardian hereby request the reservation of a place for my child/children for the upcoming school year.
2. **Tuition and Fees.** Tuition and fees for the coming school year are explained in the attached schedule. I am enclosing a check for \$100 to secure this reservation. **The stated deposit must accompany the registration agreement.**
3. **Terms and Conditions.** I understand that my obligation to pay the fees is unconditional and that the \$100 deposit is **non-refundable.**
4. **Tuition Refund Plan.** In view of this obligation, I agree to pay my tuition according to the option selected on p. 1 of this agreement. Should a child be withdrawn or dismissed from school prior to the end of the school year, the tuition will be pro-rated accordingly.
5. **Default.** Should I default in payment of fees and charges, I will be liable for any and all court costs and attorney's fees necessary in the collection of this contract.
6. **Finance Charge.** If I do not pay the entire balance when due, I will incur and pay a finance charge. The finance charge is computed at the periodic rate of one and one-half percent per month on the adjusted balance of my account. The annual percentage rate is 18%.
7. **Rules and Regulations.** I understand that in signing this Tuition Agreement Form for the upcoming academic year, I am agreeing to accept the rules and regulations of the school as stated in the current Student Handbook & Curriculum Book and rules concerning the payment of fees as referred to above, and I further agree to sign the School's Medical & Health Release forms. Furthermore, I agree to the policy of the school that **grades** and **transcripts** will not be released unless an account has been paid in full and have read the withdrawal policy.

It is further understood that this agreement may be canceled by the parents or guardian in writing prior to July 1st without penalty (except forfeit of the registration and tuition deposit). In order to reserve a place for your child, please sign and return one copy of this reservation agreement along with required deposit.

Saint Joseph School accepts students without regard to race, creed, color, or nationality to all programs, activities, rights, and privileges that are offered.

**Signature of Parent or Guardian who is financially responsible for the student(s).**

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date