



# Academy of Our Lady of Grace

400 Kamena Street, Fairview, NJ 07022  
Telephone: 201-945-8300 Fax: 201-945-4580  
[www.aolgfairview.org](http://www.aolgfairview.org)

## AGREEMENT FOR 2017/2018 KINDERGARTEN – 8<sup>TH</sup> GRADE

**I/we wish to have my child/children attend Academy of Our Lady of Grace, and I/we agree to the following terms and understand that these terms are non-negotiable:**

1. To pay a registration fee of \$200.00 per child. This is non-refundable and must be paid at the time of registration.
2. Children entering kindergarten must be 5 years old on or before October 1, 2017.
3. To pay tuition for the school year, 2017-2018, choose one of the three options listed below.
  - OPTION #1** – Full payment of tuition and fees by **June 12, 2017**. Option #1 entitles you to a 3% discount if paid by **June 12, 2017**. Payment made directly through F.A.C.T.S.
  - OPTION #2** – A two payment option. One-half school tuition is due by **JUNE 12, 2017**, and one-half school tuition is due by **DECEMBER 11, 2017**. Payment made directly through F.A.C.T.S.
  - OPTION #3** – A ten-payment option (**JUNE 2017** - **MARCH 2018**). These ten payments are made directly through F.A.C.T.S.
4. To withdraw my child/children from school immediately, if it is determined by school officials that my child is not following the course of conduct, or the rules and regulations of the school.
5. Failure to pay tuition regardless of my child's absences due to illness, family emergencies and/or vacation, will result in my child/children not being permitted to attend school. Should an emergency arise and interfere with the responsible party's ability to make payments as scheduled, the principal and pastor must be notified, in writing, by the responsible party in order that an alternate payment plan may be considered.
6. Should a child leave during the school year, a two months' tuition fee will be charged. Any additional tuition will be refunded on a pro-rated basis.
7. New entrants must submit completed medical forms/records and all student medical records and immunizations must be up to date. **NO EXCEPTIONS ALLOWED.**
8. In order to qualify for the Parishioner Tuition status, the following criteria must be adhered to:
  - a. Your child and family must be baptized Catholics and baptismal certificate must be provided.
  - b. You must be a registered parishioner or become a parishioner at registration.
  - c. You must attend Mass weekly and see to it that your children attend Mass each Sunday.
  - d. A minimum contribution must be paid to the Church. From July 1 – October 1, 2017, at least \$182.00 contribution must be paid. From October 2 – January 2, 2018 an additional \$182.00 must be paid. Bills will be generated from the school in October and January.
  - e. If you pay the church contribution directly to the Church, you are required to supply your Church envelope number and donation amount.

**If church contributions are not received, parishioner status will be revoked and your tuition will be calculated as a Non-Parishioner.**

### **PLEASE CHECK ONE**

- I am a Registered Parishioner. Envelope # \_\_\_\_\_
- I would like to become a Parishioner.
- I am not a Parishioner.

**TUITION FOR PARISHIONERS**  
**2017/2018 SCHOOL YEAR**

1 CHILD - \$4,100    2 CHILDREN - \$6,150    3 CHILDREN - \$8,200

**TUITION FOR NON-PARISHIONERS**  
**2017/2018 SCHOOL YEAR**

1 CHILD - \$5,025    2 CHILDREN - \$7538    3 CHILDREN - \$10,050

NAME & GRADE OF OUR CHILD/CHILDREN REGISTERING AT ACADEMY OF OUR LADY OF GRACE

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ (2017-18) DATE OF BIRTH: \_\_\_\_\_ PLEASE CIRCLE: MALE FEMALE  
NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ (2017-18) DATE OF BIRTH: \_\_\_\_\_ MALE FEMALE  
NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ (2017-18) DATE OF BIRTH: \_\_\_\_\_ MALE FEMALE

**PARENT INFORMATION – PLEASE COMPLETE ALL FIELDS**

PLEASE PRINT PARENT/GUARDIAN NAME: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_  
PREFERRED PHONE NUMBER: \_\_\_\_\_ WORK NO: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_ (Print Clearly)

**METHOD OF PAYMENT FOR REGISTRATION FEE**

REGISTRATION FEE: \$200.00 X \_\_\_\_\_ (number of students) = \_\_\_\_\_

Check     Credit Card     Visa     MasterCard     AMEX

Name as it appears on card: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ AMOUNT TO BE CHARGED: \_\_\_\_\_

**I understand the 2017/2018 Tuition Policy, and I/we agree to comply with the tuition requirements as stated above. In addition, I/we further agree to comply with all the rules and regulations of Academy of Our Lady of Grace in accordance with the Student Handbook.**

PARENTS' SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_