



The Academy of Our Lady of Peace

99 South Street, New Providence, NJ 07974

Phone (908) 464-8657

Fax (908) 464-3377



Tuition Agreement for 2018-2019

- I agree that during the 2018-2019 school year I will pay our tuition in the following manner: (CHECK APPROPRIATE BOX)
 - Monthly: I agree to sign up with SmartTuition for the collection of tuition. A \$50 fee paid to Smart Tuition will be added to the second payment. The first non-refundable payment (10%) is due at Registration for the school year beginning in September 2018. Nine additional monthly payments are due on May through January. (MUST COMPLETE SMART TUITION FORM.)
 - Annually: I agree to pay the full tuition amount by May 1st 2018 for the school year beginning in September 2018.
- Registration Fee:** I will pay a \$150 Registration fee per child for the 2018-2019 school-year. (Returning students, the registration fee is \$100 if paid by Jan. 31, 2018.)
- Technology Fee:** I will pay a \$50 Technology fee per child for the 2018-2019 school-year.
- Late Fees:** I will pay a \$40 per month late fee regardless of payment option chosen for any payments not paid according to the schedule. If behind in the payment of tuition by two months, I understand that my name and tuition information will be given to the Finance Committee Review Council for appropriate action.
- Tricky Tray Fee:** I will pay a \$75 Tricky Tray fee per family for the 2018-2019 school year.
- I understand and agree that I or family members will serve mandatory hours of service to The Academy of Our Lady of Peace during the 2018-2019 school year. For my child(ren) in grades K-8, we will volunteer 25 hours per family; for our child(ren) in the Pre-K program (both 3 & 4 year olds) 15 hours per family (The maximum number of volunteer hours in total is 25 hours per family.) If I fail to do so, I agree to pay \$20 per volunteer hour to the school.

PLEASE CHECK APPROPRIATE BOX:

- We are an Out-of Parish Family
- We are a Registered Parishioner at the following Parish _____
Parish location _____ (subject to approval from that Parish)
- We are Parishioners of Our Lady of Peace
 - To receive a Parishioner Discount I agree to the following:
 - We will attend Mass at Our Lady of Peace on Sundays and Holy Days of Obligation.
 - I will use parish envelopes, at least 32 envelopes **MUST** be placed in the Offertory collection basket during attendance at Mass. The amount of our weekly contribution is a matter of justice to the parish and personal conscience, and we recognize this and attempt to donate in appropriate weekly amount. I understand that envelopes given in "batches" are not acceptable and violates both the letter and the spirit of this agreement.
 - I understand and agree that failure to observe this Parishioner Agreement will result in an assessment that will amount to the difference between the In-Parish tuition rate and the Out-of-Parish tuition rate.
 - I agree to pay this assessment in full along with any additional tuition or fee payments that are due before my child(ren) will be accepted back to the school.
 - In addition, I understand and agree to be charged the Out-of-Parish rates for the subsequent school year.

Family Name (please print) _____ First Name _____

Child(ren) Name _____ Grade in 2018-2019 _____

Address _____ Phone _____

E-Mail address _____

Family Signature _____ Date _____

Non-refundable Registration fees is made payable to The Academy of Our Lady of Peace.

FOR OFFICE USE:

TOTAL Tuition Costs 2018-2019 _____

| Student | Grade | Cost |
|---------|-------|------|
| | | |
| | | |
| | | |

Parents given a copy of this signed Tuition Agreement on _____

Date: _____



SMART TUITION
Financial Solutions for Schools and Parents™

THE ACADEMY OF OUR LADY OF PEACE - 11341
99 SOUTH STREET
NEW PROVIDENCE, NJ 07974

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PLEASE ENTER FAMILY INFORMATION

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER _____ LAST NAME OF PARENT/GUARDIAN/BILL PAYER _____ 2018-2019

*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY _____ *LAST NAME OF ADDITIONAL AUTHORIZED PARTY _____

STREET ADDRESS OR P.O. BOX _____ APT# _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE NUMBER _____ MOBILE TELEPHONE NUMBER _____

EMAIL ADDRESS (Smart emails reminders for upcoming payments) _____

SELECT A PAYMENT METHOD

I agree to make payments by mail, web or telephone. I agree to the following due date: _____ Your school allows the following due dates (choose one): 10,15,20,23

I authorize SMART to automatically debit my payments from the below provided account. I agree to the following automatic payment date: _____ Your school allows the following due dates (choose one): 10,15,20,23

PLEASE DEBIT MY: CHECKING (PLEASE ATTACH A VOIDED CHECK) OR SAVINGS

9 DIGIT ROUTING NUMBER _____ BANK ACCOUNT NUMBER _____

PLEASE CHARGE MY: AMEX DISCOVER MASTERCARD

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

A 2.85% convenience fee applies to all credit/debit card payments. Smart Tuition does not accept Visa.

SELECT A PAYMENT PLAN

Plan A 10 Payments May - Feb

ENTER PLAN LETTER HERE

A

ENTER STUDENT INFORMATION

Choose from the following grades: PK, K, 1 - 8

| GRADE | FIRST NAME OF STUDENT | LAST NAME OF STUDENT |
|-------|-----------------------|----------------------|
| | | |
| | | |
| | | |
| | | |

FOR SCHOOL OFFICE USE ONLY

THIS FAMILY IS ENROLLING LATE

SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN

COLLECT BALANCE IN FIRST MONTH

OPTIONAL STUDENT ID: _____

| STUDENT | TUITION | \$ | | | |
|-----------|-----------|----|--|--|--|
| STUDENT 1 | TUITION 1 | \$ | | | |
| STUDENT 2 | TUITION 2 | \$ | | | |
| STUDENT 3 | TUITION 3 | \$ | | | |
| STUDENT 4 | TUITION 4 | \$ | | | |

FAMILY/TUITION SUBTOTAL \$ _____

OPTIONAL SCHOOL FAMILY ID: _____ OPTIONAL TYPE CODE: _____

PLEASE READ AND SIGN

I have read and agree to the terms and conditions on the reverse side of this document. I agree that the school may re-enroll me in the Smart Tuition payment program for each subsequent school year. I agree to pay the amount established by my school for the student(s) above by my specified due date. I realize that if I fail to have a payment posted or if there is an outstanding balance on my account by the specified due date, Smart Tuition may contact me via email and telephone and a late fee of \$40.00 will be assessed to my account. A \$30.00 fee will apply for any failed electronic transaction or dishonored check.

PRIMARY BILL PAYER _____

DATE _____

FEES & DISCOUNTS

If fees and discounts should be applied in addition to the tuition amounts included above, please contact your account manager.

SMART ADMINISTRATIVE FEE \$ 50.00

ANNUAL TOTAL DUE \$ _____