

QUEEN OF PEACE GRAMMAR SCHOOL

REGISTRATION REQUIREMENTS 2024 - 2025

\$150 registration fee per child – Check or Money Order (non-refundable)

Copy of Birth Certificate

Completed Medical Forms and Immunization Records (submit by first day of school)

Completed Dental Form (submit by first day of school)

Verification of Active Parishioner Status

Copy of Baptism Certificate (if applicable)

Copy of First Penance Certificate (if applicable)

Copy of First Communion Certificate (if applicable)

Custody Papers (if applicable)

For Pre-K Students:

Student must be self-sufficient (toilet trained)

Student must receive a flu shot each year

For Kinder – 8th Grade:

Students entering **Grade 6** need Tdap and Meningococcal Vaccine

Transfer Students: Release of Records Form (enclosed)

Copy of most current Report Card (if applicable)

Queen of Peace Grammar School

2024 - 2025 Tuition & Fee Schedule

(Effective July 1, 2024)

Absolutely no in-house payments will be accepted on payment plans

Preschool Tuition Rates

| | | <u>Yearly Rate</u> | <u>4 Quarterly Payments</u> | <u>10 Monthly payments</u> |
|-------------------|-------------------|------------------------|---------------------------------|--------------------------------|
| <u>PK3</u> | | | | |
| 5 - Half Days | 8am-11am | \$5,100.00 | \$1,275.00 | \$510.00 |
| 3 - Full Days | 8am-2:30pm; M-W-F | \$5,100.00 | \$1,275.00 | \$510.00 |
| 5 - Full Days | 8am-2:30pm | \$6,200.00 | \$1,550.00 | \$620.00 |
| <u>PK4</u> | | | | |
| 5 - Half Days | 8am-11am | \$5,100.00 | \$1,275.00 | \$510.00 |
| 5 - Full Days | 8am-2:30pm | \$6,200.00 | \$1,550.00 | \$620.00 |

Kinder-8th Grade Tuition Rates

| | <u>Yearly Rate</u> | <u>4 Quarterly payments</u> | <u>10 Monthly payments</u> |
|-----------|--------------------|---------------------------------|--------------------------------|
| 1st Child | \$6,200.00 | \$1,550.00 | \$620.00 |
| 2nd Child | \$5,600.00 | \$1,400.00 | \$560.00 |
| 3rd Child | \$5,300.00 | \$1,325.00 | \$530.00 |

Discount Schedule:

| | |
|----------------------|--------------------------------------------------------------------------------------------------------------|
| Parishioner Discount | \$200.00 per family (annual) |
| Pay-in-Full Discount | \$250.00 per family (annual) |
| Scholarship: | Applications for SFIC online at www.sficnj.org (for qualifying students) |

Fee Schedule:

| | |
|------------------|--------------------------------------------|
| Registration Fee | \$150.00 per child (due upon registration) |
|------------------|--------------------------------------------|

The (one-time) fees below are billed with the FIRST tuition installment:

| | |
|---------------------|-------------------------------------------------------------------------|
| Class Supplies Fee | \$60.00 per child |
| Computer Fee | \$60.00 per child |
| Home School Dues | \$20.00 per family |
| Lunch Room Fee | \$55.00 per family: Full-day students only |
| Blackbaud Tuition | \$50.00 per family: Administration Fee |
| Fundraising Opt Out | \$450.00 (if you decide you will NOT participate in school fundraising) |

QUEEN OF PEACE GRAMMAR SCHOOL

Student is not registered until this form is returned with \$150.00 Non Refundable Registration Fee for each child.

→ PLEASE SELECT PAYMENT METHOD (X):

#1 _____ **Full payment by July 1, 2024. *This is the only payment that can be made in the school office***

#2 **10 monthly payments** beginning July 1, 2024 and ending April 1, 2025. No in-school payments.

#3 _____ **4 Quarterly payments due July 1st, Oct 1st, Jan 1st and Apr 1st. No in-school payments.**

All payments are due on the 1st of the Month

IF NO PAYMENT PLAN IS SELECTED, YOU WILL BE BILLED USING PLAN #2

Select the Pre-K Class your child will attend:

PK3 – 3 Full Days (Mon, Wed, Fri)

PK3 – 5 Half Days (Monday to Friday, AM Only)

PK4 – 5 Half Days (Monday to Friday, AM Only)

PK3 – 5 Full Days (Monday to Friday)

PK4 – 5 Full Days (Monday to Friday)

PLEASE PRINT ALL INFORMATION

Child(ren) being registered:

| #1 | Name (First, Last) | Grade entering - 9/2024 | Sex |
|----|--------------------|-------------------------|-----|
| | | | |

| #2 | Name (First, Last) | Grade entering - 9/2024 | Sex |
|----|--------------------|-------------------------|-----|
| | | | |

#3 _____

| Name (First, Last) | Grade entering - 9/2024 | Sex |
|--------------------|-------------------------|-----|
|--------------------|-------------------------|-----|

⇒ Address below is where Tuition billing will be sent:

⇒ Please Circle Marital Status: Married Divorced Widow(er) Single Separated

Name: _____
(Last) (First)

Address: _____ Apt./Flr: _____

Town: _____ Zip: _____ Cell: (____) _____

Email: _____

Email: _____

PLEASE COMPLETE OTHER SIDE

Father's Name: _____ Mother's Name: _____

Father's Cell: _____ Mother's Cell: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Town: _____ Town: _____

State: _____ Phone #: (____) _____ State: _____ Phone #: (____) _____

Each FAMILY has the option of participating in HOME SCHOOL Fundraising Activities (which will be announced throughout the school year) by purchasing or selling a minimum of \$250.00 in raffle tickets or other designated items **AT A STATED DOLLAR CREDIT**. If you want NO involvement in fundraising you agree to pay a one-time surcharge of \$400.00. This opt-out surcharge will be added to your first tuition payment.

⇒ Please Check one Option _____ Will participate in Fund Raising to a \$250.00 minimum* _____ Will pay \$450.00 opt-out surcharge to be added to tuition payments

***If \$250.00 minimum is not fulfilled, you will be billed the difference to \$450.00 on May 1, 2025.**
IF NEITHER OPTION IS SELECTED, YOU WILL BE BILLED SURCHARGE

Parish Name: _____ City: _____

This agreement is a binding contract with Queen of Peace Grammar School. All tuition payments are made to Blackbaud Tuition, (unless you select full payment), in which case checks should be made payable to: Queen of Peace Grammar School, and delivered to 21 Church Place, No. Arlington, NJ). Payments are due on the 1st of the month. Late charges will be assessed by Blackbaud Tuition. A charge of \$35.00 is assessed on checks returned by your bank that cannot be cashed. Failure to comply with tuition payments as agreed, can lead to suspension of services as well as the hiring of an outside Collection Agent to obtain monies and late charges for services received. A collection charge of \$300.00 will be added to any account referred for collection.

I have read the above and agree to make payments as indicated. Credit check may occur if tuition payments become delinquent.

Signature (Parent or Guardian) _____ (Date) _____

Signature (Parent or Guardian) _____ (Date) _____

Queen of Peace Grammar School: Extended Care Program Academic Year 2024 - 2025 Application

Select from the options below for the program that best meets your child care needs:

Child's Name: _____ Grade: _____

Parent's Name: _____

Address: _____

Phone: _____ Emergency Contact: _____

Emergency Phone: _____ Parent Work # _____

Daily Rates

| | |
|-------------------------------------------------|---------------------------------------------------------|
| Before Care Only: 7:00am - 7:45am | \$ 7.00 - Per Day |
| After Care Only: 3:00pm - 4:00pm | \$12.00 - Rates not adjusted if picked up before 4:00PM |
| After Care Only: 3:00pm - 5:00pm | \$15.00 - Rates not adjusted if picked up before 5:00PM |
| After Care Only: 3:00pm - 6:00pm | \$20.00 - Rates not adjusted if picked up before 6:00PM |
| After Care: Half Day Sessions: 12:00pm - 3:00pm | \$20.00 - Rates not adjusted for early pickup |
| After Care: Half Day Sessions: 12:00pm - 6:00pm | \$30.00 - Rates not adjusted for early pickup |

LATE CHARGES WILL BE IMPOSED ON BALANCES PAST DUE 30 DAYS OR MORE

APPLY 25% DISCOUNT TO TWO PLUS CHILDREN IN SELECTED PACKAGES

Special Package Options: Money Saving Rates

Monthly Package Rates

| | | | |
|-----------------------------------------|-----------------|---------------|--------------------------------------|
| <input type="checkbox"/> 7:00 - 7:45 AM | \$ 75 per month | \$ 750 yearly | Daily rate would be \$1,260 per year |
| <input type="checkbox"/> 3:00 - 4:00 PM | \$170 per month | \$1700 yearly | Daily rate would be \$2,160 per year |
| <input type="checkbox"/> 3:00 - 5:00PM | \$200 per month | \$2000 yearly | Daily rate would be \$2,700 per year |
| <input type="checkbox"/> 3:00 - 6:00PM | \$220 per month | \$2200 yearly | Daily rate would be \$3,600 per year |

ANNUAL PLAN: 8 MONTHLY PAYMENTS RUNNING OCTOBER THROUGH MAY

All Extended Care Billing is through Blackbaud Tuition: Payment Due Upon Invoice

ALL OF ABOVE SELECTED PACKAGES INCLUDE HALF DAY FEES

(Please complete other side)

☐ I will use the program on an as-needed basis only and pay the daily rates. (Payment due upon invoice)

Payments begin in October 2024 and end in May 2025.

No adjustments made for days absent unless continuous sick absence exceeds 2 weeks.

\$35.00 charge for any check returned by your bank.

**IF CHILD REMAINS AFTER 6PM AN ADDITIONAL CHARGE OF \$25.00 WILL BE INCURRED FOR
EACH 15 MINUTES OR PART OF.**

Signature: _____

E-MAIL MY BILL TO: _____

*****PLEASE PRINT CLEARLY*****

PAYMENTS ARE DUE UPON RECEIPT OF INVOICE

In most cases, child care costs are tax deductible. See your tax advisor for individual situations.

LATE CHARGE 30 DAYS PAST DUE - MINIMUM OF \$3.00 or 1.5% UNPAID CHARGES SUBJECT TO \$300 COLLECTION FEE

New Student Registration

School Year 2024 - 2025

Queen of Peace Grammar School

Student's Name: _____ Gender: Male or Female _____

Entering Grade: _____ Date of Birth: _____

Address: _____
Street City State Zip

County: _____ Phone: _____

Place of Birth: _____ City: _____ State: _____
Hospital

Racial Background – must circle one:

White/Caucasian

Black/African American

Asian

Hawaiian/Pacific Islander

Two or More Races: _____

Please List

Ethnic Background – must circle one:

Hispanic/Latino

Not Hispanic or Latino

Religion - circle one

Catholic

Christian, Non-Catholic

Hindu

Other: _____

Please Identify

Primary Language Spoken at Home: _____

Date Entering School: _____ Transfer from – Name of School: _____
(Release to be signed)

Address of School: _____

Baptism _____ City/State _____ Date _____
(Church)

Penance _____ City/State _____ Date _____
(Church)

Communion _____ City/State _____ Date _____
(Church)

(PLEASE COMPLETE OTHER SIDE)

Father's Name _____ Father's Occupation _____

Father's Day Phone _____ Father's Cell Phone _____

Mother's Maiden Name _____ Mother's Occupation _____

Mother's Day Phone _____ Mother's Cell Phone _____

Father's Religion _____ Mother's Religion _____

Marital Status – circle one Married Divorced Single Separated Widow(er)

Custodial Parent if applicable: _____

Guardianship – Grandmother/Aunt, etc. with whom child resides: _____
(Name of Guardian – Documentation Required)

Restraining Order – Yes or No – Give Brief Description & Provide Documentation: _____

Parish or Church Affiliation – If child is Non-Catholic, write denomination (e.g. Buddhist)

Name of Parish and City _____

Pastor's Name _____

E-mail address for school communication – **PLEASE PRINT CLEARLY**

Mother's E-Mail

Father's E-Mail

Guardian's E-Mail if applicable

List any allergies or health restrictions (example – peanuts, bee stings, medication, diabetic, etc.)

