

Mount Saint Dominic Academy

3 Ryerson Avenue

Caldwell, NJ 07006

973-226-0660

www.msdacademy.org

fax: 973-226-2693

Re-Enrollment Contract 2008-2009

I. Agreement

1. We hereby accept the place at Mount Saint Dominic Academy (the School) for the school year beginning in September 2008 reserved in Grade ____ for our daughter (the Student). We understand that her acceptance is contingent upon a fully executed contract with deposit and fees presented to the Treasurer of Mount Saint Dominic Academy by April 25, 2008.
2. The School's acceptance of enrollment is done with the expectation that the Student will complete the current school year in good standing.
3. This agreement is for one (1) year only and does not obligate any party for any subsequent year.
4. We agree to the rules and regulations adopted by the School as stated in the Student Handbook. We understand that the Student's disregard of the rules and regulations of the School may be deemed sufficient cause for dismissal.
5. **A deposit of \$1,000.00 must be made to the School by April 25, 2008 to reserve a place for the 2008-2009 academic school year. Enrollment deposits made after the due date will be subject to a late charge of \$100.00 per month.**
6. If this agreement is signed by more than one parent or guardian, they are both jointly and individually responsible for payment in accordance with this agreement.

II. Tuition, Fees and Payment

1. Tuition for 2008-2009	\$11,900.00	2. Non-refundable deposit of \$1,000.00 applicable as follows:	
Fees	700.00	Tuition	\$100.00
Parents' Association Dues	200.00	Fees	700.00
Total	\$12,800.00	Parents' Association	200.00*

*This membership fee is refundable if the student withdraws before September 1.

3. Payments:

After the deposit of \$1,000.00 is made the tuition balance of \$11,800.00 may be paid in one of four ways:

Option A: Annually - A single payment due on July 15, 2008.

Option B*: Semi-Annually - Includes a surcharge of \$120.00. \$5,960.00 due in July 2008 and \$5,960.00 due in December 2008.

Option C*: Quarterly - Includes a surcharge of \$210.00. Four equal payments of \$3,002.50 payable July, September and December 2008 and February 2009.

Option D*: Monthly - Includes a surcharge of \$300.00. Ten equal payments of \$1,210.00 beginning in June 2008 and ending with the March 2009 payment.

***Option B, C and D must be paid through Key Bank/Tuition Management Services.** Please complete and return their form. Tuition payments must be made directly to Key Bank/TMS. The school will not accept payments for option B, C or D.

4. Appropriate deductions will be made to the above amounts for scholarships, financial aid, family discount and other applicable discounts.

5. We understand that a late charge of \$30.00 will be assessed to our account if any payment is not received within eight days from the payment due date.

6. We also understand that if any check is returned by the bank a \$25.00 charge will be added to the payment; and, thereafter, payments will be accepted only by certified check, money order, or in cash.

7. We understand that the above listed fees do not include incidental expenses.

8. We understand that if the Student withdraws voluntarily or is dismissed from Mount Saint Dominic Academy during the academic year, that the balance of tuition due (excluding the non-refundable deposit) will be pro-rated through the end of the month of such withdrawal or dismissal.

9. We understand that if our account is sixty days in arrears, the School may not allow the student to attend classes or complete examinations or participate in school activities that may be scheduled. We agree that the Student will not be permitted to take June examinations unless all accounts are paid in full. The School may refuse to release student records including transcripts until such time as payments have been made in accordance with this agreement.

III. Other Matters

1. We, the undersigned, agree to release and hold harmless the School, Sisters of Saint Dominic of Caldwell, its agents, representatives and employees from all claims, damages or other liabilities for injury to the student which are not the result of gross neglect, intentional neglect, or willful or wanton conduct by the School, Sisters of Saint Dominic, or its agents, representatives or employees. We the undersigned, also agree to indemnify the School for damages to school property caused by the Student pursuant to the provisions of N.J.S.A. 18A:37-3 (Liability of Parents or Guardians of Minors for Damage to School Property). In addition, the undersigned also agrees to indemnify the School for damages or injury caused to another by the Student on the school premises.

2. The School reserves the right to use photographs of the students in school publications, in local newspapers/magazines, on the school WEB page or in school videos. Parents may restrict this right by advising the Development Office in writing within thirty (30) days of execution of this agreement.

3. This agreement is signed by all people financially responsible for the Student and who hereby accept the terms of this agreement.

4. This agreement shall be interpreted in accordance with the laws of the State of New Jersey.

Directions:

1. In order to reserve a place for your daughter for the 2008-2009 academic year, please sign two copies of this agreement. Keep one copy for your records and return the other with your enrollment deposit of \$1,000.00. **Contracts will not be processed without the deposit. The deposit check should be made payable to Mt. St. Dominic Academy.**

2. **Indicate your payment option.** If you chose option B, C or D, the Key Bank/TMS form must be completed and returned to MSDA.

3. Please **PRINT** student's full name, address, and phone number. Also, please print parents/guardians full name, address (if different from students) and phone number (both at home and work).

Name of Student (_____) _____
Phone

Address City State Zip

Mother/Guardian Signature Name (please print) Date

Address (if different from above) Home Phone: (_____) _____

Business Phone: (_____) _____ Cell Phone: (_____) _____

Father/Guardian Signature Name (please print) Date

Address (if different from above) Home Phone: (_____) _____

Business Phone: (_____) _____ Cell Phone: (_____) _____

I/We plan to utilize payment option: _____ Grade in September 2008 _____

For Office Use Only

Treasurer's Office Date \$ _____
Amount Received