2026-2027
Kindergarten – Grade 8
Registration Packet

Application/Registration Process for the 2026-2027 School Year

Thank you for choosing Saint Joseph Grade School. To help with the application process we created a list of all the necessary paperwork which must be completed. Please use this as a guide and be sure to submit all documents and forms to ensure a complete registration.

Registration Packet Checklist

		✓
Step 1	**Complete *ONLINE* PreK - Grade 8 *APPLICATION* on our Website and submit electronically.**	
Step 2	**Download, PRINT and complete the *KINDERGARTEN-GRADE 8 NEW STUDENT REGISTRATION PACKET* found on our Website. This packet includes:** 1. **Transfer Document** (ONLY for those entering Grades 1-8) 2. **Reference Letter from Student's Present School - Administrator, Counselor or Teacher** 3. **Probationary Contract for New Students** 4. **Medical Information Sheet** 5. **Transportation Information Sheets** 6. **B6T Application for Transportation & B6T Form 2** (One per student) 7. **Individual Pupil Request for Loan and Textbooks** (One per student) 8. **Parent Tuition Agreement** 9. **2025-2026 Tuition Contract** (3 Sheets) (One per family) 10. **Blackbaud Tuition Enrollment Form** (One per family) ***Please note: For those registering more than one child you need ONLY complete ONE Tuition Contract and ONE Blackbaud Tuition Enrollment Form.***	
Step 3	**Attach Supportive Documentation:** • **Birth Certificate(s)** • **Sacramental Certificate(s)** • **Proof of Residency** (Copy of Utility Bill or Lease Agreement) • **Immunization Record** (provided by your Health Care Provider) The Immunization Record is REQUIRED at registration. • **Universal Child Health Record** (provided by your Health Care Provider) The Universal Child Health Record is REQUIRED at registration. • **3 Years of Report Cards and Standardized Testing (Grades 3-8)** • **IEP, ISP when applicable**	
Step 4	**Attach the $250.00 Non-Refundable Registration Fee** (due with application)	
Step 5	**Once steps 1 through 4 are completed, please contact the Admissions office.**	

Acceptance will be determined AFTER review of the ONLINE Application, NEW STUDENT REGISTRATION PACKET and Supportive Documentation.

If you have any questions completing this information please contact:
Mrs. Denise Silvestrone, Admissions Coordinator - dsilvestrone@stjoeschooltr.org or 732-349-2355 Ext. 2005

Mission Statement

Fostering love of learning and service to others, we encourage all to achieve their personal best, guiding each other to be successful, confident, and contributing Catholic Christian witnesses in God's ever-changing world.

711 Hooper Avenue, Toms River, NJ 08753 • (732) 349-2355 • (732) 349-1064 Fax

TRANSFER DOCUMENTATION FOR GRADES 1-8

The purpose of this form is to insure compliance with the Family Educational Rights and Privacy Act of 1974 which requires documented evidence of permission to release all student files to officials of other public or private schools in which the student intends to enroll.

PROVISIONS

Documented evidence of parent approval must be received before records are transmitted to Saint Joseph Grade School.

I am the parent of
(Name of Student)
(Grade) *(Age)*
I request and authorize that my child's records, test scores, original health records and any psychological reports be released to the officials of Saint Joseph Grade School, 711 Hooper Avenue, Toms River, New Jersey 08753 – in which enrollment is contemplated.

PREVIOUS SCHOOL

Name of School:
School Address:
Parent/Guardian Signature:
Date of Request:

PROBATIONARY CONTRACT FOR NEW STUDENTS

Student Name:
Grade:
Date:

It is understood that after the first ninety (90) attendance days at Saint Joseph Grade School if the student shows a lack of cooperation by not following the policies outlined in the school handbook or has any serious academic or behavioral issues; the principal may dismiss the student from the school.

As parent/guardian I accept the terms of this probationary contract.

Signature of parent/Guardian

Kindergarten – 8th Grade MEDICAL REQUIREMENTS

All students at St. Joseph Grade School are required to have the following medical information handed in to the Health Office before the start of school in September.

Physical – 1-year current (see attached **Universal Health Record**)
Completed/Updated Immunization Record

The Diocese of Trenton upholds the mission of the New Jersey Immunization Program that is to reduce and eliminate the incidence of vaccine preventable diseases.

Kindergarten Immunization Requirements	All Students entering 6th Grade Immunization Requirements
DPT – 4 doses, with one dose given after 4 years old.	**Tdap** (DPT booster)
Polio – 3 doses, with one dose given after 4 years old.	**Meningococcal Vaccine** (Menactra)
Measles/Mumps/Rubella – 2 doses	
Varicella – 1 dose	
Hepatitis B – 3 doses at correct intervals.	

Please refer to the Parent/Student Handbook on the school website in regards to Immunization exemptions.

Your attention to this matter is greatly appreciated for the good health and well-being of all.

Student Last Name *Student First Name* *Date of Birth*

Street Address *City, State* *Zip*

Parent Primary Phone Number

Entering Grade *Current School*

I understand that my child will not be fully accepted for enrollment into Saint Joseph Grade School without verification of immunizations, which meet the requirements of the Diocese of Trenton and the State of New Jersey.

Parent/Guardian Signature *Date*

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APPENDIX H

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: *American Academy of Pediatrics, New Jersey Chapter*
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I. TO BE COMPLETED BY PARENT(S)

Child's Name *(Last)*	*(First)*	Gender	Date of Birth
		☐ Male ☐ Female	/ /

Does Child Have Health Insurance?	If Yes, Name of Child's Health Insurance Carrier
☐ Yes ☐ No	

Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number
	( ) -	( ) -
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number
	( ) -	( ) -

I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date	This form may be released to WIC.
	☐ Yes ☐ No

SECTION II. TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? ☐ Yes ☐ No

Abnormalities Noted:		
	Weight *(must be taken within 30 days for WIC)*	
	Height *(must be taken within 30 days for WIC)*	
	Head Circumference *(if <2 Years)*	
	Blood Pressure *(if 3 Years)*	

IMMUNIZATIONS	☐ Immunization Record Attached ☐ Date Next Immunization Due:

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries List medical conditions/ongoing surgical concerns:	☐ None ☐ Special Care Plan Attached	Comments
Medications/Treatments ▪ List medications/treatments:	☐ None ☐ Special Care Plan Attached	Comments
Limitations to Physical Activity List limitations/special considerations:	☐ None ☐ Special Care Plan Attached	Comments
Special Equipment Needs ▪ List items necessary for daily activities	☐ None ☐ Special Care Plan Attached	Comments
Allergies/Sensitivities ▪ List allergies:	☐ None ☐ Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements ▪ List dietary specifications:	☐ None ☐ Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis ▪ List behavioral/mental health issues/concerns:	☐ None ☐ Special Care Plan Attached	Comments
Emergency Plans List emergency plan that might be needed and the sign/symptoms to watch for:	☐ None ☐ Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: ☐ Capillary ☐ Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

☐ ***I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.***

Name of Health Care Provider (Print)	Health Care Provider Stamp
Signature/Date	

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

   Weight - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.

   - **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
   - Head Circumference - Only enter if the child is less than 2 years.

   Blood Pressure - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860. The Immunization record must be attached for the form to be valid.
   - "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

   a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical** issue blocks that follow. A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

   b. **Medications** • List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

   PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

   Please be *specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider* as to dosage *route frequency and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.*

   c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

   d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

   e. **Allergies/Sensitivities** Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

   f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

   g. Behavioral/Mental Health issues - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

   h. **Emergency Plans** • May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public heath personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.
   - For lead screening state if the blood sample was capillary or venous and the value of the test performed.
   - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
   - Scoliosis screenings are done biennially in the public schools beginning at age 10.

   This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam if different)

   Print the health care provider's name.
   - Stamp with health care site's name, address and phone number.

ST. JOSEPH GRADE SCHOOL

TRANSPORTATION

Saint Joseph Grade School recognizes the importance of having access to transportation for your student to our campus.

As you are aware, busing to SJGS comes directly from the school district in which you live and pay your taxes. If you are not eligible for transportation through your township we provide our own private transportation using the Donovan Catholic buses, however it is not guaranteed. The private transportation fee is $1,200. This transportation fee will be incorporated into your tuition payments for the 2026-2027 school year.

The Transportation Process

- In January during our re-enrollment process, you are asked to complete a B6T Transportation form for your child for the following year.
  - Depending on your public school district, you may have to complete the **B6T form on-line as well.**
  - This form must be completed by all students, regardless of whether your student plans to ride the bus.
  - Our bus coordinator will then forward all B6T's received to the sending district requiring a hard copy. Several district receive them on-line.

Your public school district will communicate your bus information during the summer months. This will be in the form of a bus pass or written notification that they are unable to transport your child.

Saint Joseph Grade School has no input with respect to which bus Company is used or logistics of bus routes. Pick up and bus stop locations are determined and provided by your school district.

- For your child to be eligible for transportation by your school district, you must live more than 2.0 miles and less than 20 miles from SJGS.
- If you are eligible for busing and a bus is not provided by the school district, you may be entitled to Aid-In-Lieu.
  -Aid-in -Lieu is financial assistance paid directly to the family by your local school district that is not providing busing to eligible students.
  - Saint Joseph Grade School does not make any decisions regarding township busing or Aid-in-Lieu.

NEW JERSEY STATE DEPARTMENT OF EDUCATION
OFFICE OF STUDENT TRANSPORTATION

(B6T) APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION

Please submit a separate application for each child to the private school

SCHOOL YEAR **2026/2027** RESIDENT DISTRICT BOARD OF EDUCATION _____

STUDENT's NAME _____ (LAST / FIRST / MIDDLE) DATE OF BIRTH _____ (MONTH / DAY / YEAR)

GENDER _____ (M or F) PARENT/GUARDIAN NAME _____ DAYTIME PHONE _____ (AREA CODE + NUMBER)

HOME ADDRESS _____ CITY or TWP _____ ZIP _____

NEAREST INTERSECTION TO STUDENT'S RESIDENCE _____

MAILING ADDRESS _____ ZIP _____

FULL NAME OF SCHOOL TO BE ATTENDED **St. Joseph Grade School** PHONE **732-349-2355**

ADDRESS OF SCHOOL **711 Hooper Avenue Toms River, NJ 08753**

STUDENT'S GRADE FOR THE COMING YEAR _____ SHORTEST ONE-WAY MILEAGE BETWEEN HOME AND SCHOOL _____ (MILES TENTHS) (MEASURED VIA THE SHORTEST ROUTE ALONG PUBLIC ROADWAYS OR WALKWAYS IN MILES AND TENTHS)

DATE SCHOOL OPENS **9/2026** CLOSES **6/2027** SCHOOL HOURS FROM **8:00** AM TO **2:25** PM

NAME AND ADDRESS OF SCHOOL OF ATTENDANCE IN PRIOR YEAR _____

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE * FOR PUBLIC SCHOOL USE ONLY

YOUR APPLICATION HAS BEEN REVIEWED BY THE RESIDENT DISTRICT BOARD OF EDUCATION. THE FOLLOWING DETERMINATION HAS BEEN MADE:

_____ TRANSPORTATION WILL BE PROVIDED _____ YOU ARE ELIGIBLE FOR PAYMENT IN LIEU OF TRANSPORTATION

_____ INELIGIBLE _____ (REASON)

DATE _____ SIGNATURE _____ TITLE _____

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION (B6T) N.J.A.C. 6A:27-2.5

1. IT IS THE OBLIGATION OF THE PARENT OR GUARDIAN OF PRIVATE SCHOOL STUDENTS TO:

   - ANNUALLY OBTAIN THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION FROM THE ADMINISTRATIVE OFFICE OF THE PRIVATE SCHOOL FOR EACH STUDENT FOR WHICH TRANSPORTATION SERVICES ARE BEING REQUESTED. SUBMIT A SEPARATE APPLICATION FOR EACH STUDENT.

   NOTE:

   - IF THERE IS A CHANGE OF HOME ADDRESS, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.
   - IF THERE IS A CHANGE IN THE NONPUBLIC SCHOOL OF ATTENDANCE, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.

   - COMPLETE THIS APPLICATION AND RETURN IT TO THE PRIVATE SCHOOL ON OR BEFORE MARCH 10TH PRECEDING THE SCHOOL YEAR IN WHICH TRANSPORTATION IS BEING REQUESTED.

   LATE APPLICATIONS – ANY APPLICATION RECEIVED AFTER MARCH 10TH WILL BE A LATE APPLICATION AND MUST BE ACCOMPANIED BY A STATEMENT OF THE REASON FOR LATENESS. ELIGIBLE STUDENTS WILL RECEIVE TRANSPORTATION OR AID IN LIEU OF TRANSPORTATION BASED ON THE DATE THE APPLICATION IS RECEIVED BY THE PUBLIC SCHOOL.

2. IT IS THE OBLIGATION OF THE NONPUBLIC SCHOOL ADMINISTRATOR TO ANNUALLY COLLECT THE APPLICATION AND SUBMIT IT TO THE PUBLIC SCHOOL FROM WHICH TRANSPORTATION IS BEING REQUESTED PRIOR TO MARCH 15TH.

3. IT IS THE OBLIGATION OF THE PUBLIC SCHOOL ADMINISTRATOR TO NOTIFY THE PARENT OR GUARDIAN AS TO THE DETERMINATION OF EACH APPLICATION BY AUGUST 1ST.

A DISTRICT BOARD OF EDUCATION SHALL PAY AID IN LIEU OF TRANSPORTATION TO THE PARENT OR GUARDIAN OF AN ELIGIBLE STUDENT ONLY AFTER RECEIVING A SIGNED "REQUEST FOR PAYMENT OF TRANSPORTATION AID" VOUCHER AS PRESCRIBED BY THE COMMISSIONER OF EDUCATION.

(B6T) Application for Private School Transportation -Part 2

Please complete this form along with the B6T Application form for ***EVERY*** child.

_____ I am requesting bus transportation for my child if provided by their sending district.

_____ I will not require bus transportation for my child, I will provide my own transportation.

*Bus transportation is not provided for PreK Students.

* All students riding a SJGS/DCHS bus whether receiving Aid -in Lieu (AIL) or not will pay $1200 per student for transportation.
* Families that were not offered busing from their district and are not receiving AIL will be offered a multi-student transportation discount. {Oldest student (SJGS/DCHS) pays full -$1200, Second Oldest students pays $600, and 3 or more students =$0.
*

THE DISCOUNT IS ONLY APPLICABLE IF THE STUDENTS WERE NOT OFFERED TRANSPORTATION FROM THEIR DISTRICT AND WILL NOT RECEIVE AID - IN-LIEU

Student Name _____ Grade entering_____

Sending District_____

*Go to: TRSchools.com -click on the three bars at top right corner - click Parents - click Transportation - 2026-2027 Non-Public Transportation B6T

- A link to use will also be provided in Family Circulation

New Jersey Department of Education
Office of Interdistrict Choice and Nonpublic Schools

Individual Student Request Form for Loan of Textbooks

Date: _____

Public School Information

Public School District: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Nonpublic School Information

Nonpublic School: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Student Information

Name of Student: _____ Grade: _____

Name of Parent/Guardian: _____

Parent/Guardian Certification

Under the provisions of N.J.S.A. 18A: 58-37.1 et seq., I hereby request

_____ to loan textbooks to the
(Public School District)

_____ in which my child is enrolled.
(Nonpublic School)

I certify that my above-named child and I are residents of the State of New Jersey. I understand that the public school district in which the nonpublic school is located has oversight of the State funds designated for providing the loan of textbooks to nonpublic school students pursuant to law and regulations.

Signature of Parent/Guardian:

Date: _____

ST. JOSEPH GRADE SCHOOL
BUILDING A FOUNDATION FOR LIFE

SPARTANS

Delinquent Tuition Policy Acknowledgement Agreement

The success of our Catholic school is dependent upon our families' commitment to making Catholic education a financial priority, engaging in their child's education & submitting tuition payments each month. Our school's balanced budget relies heavily on prompt monthly payments of tuition & fees, which enables us to provide an excellent spiritual and educational program. Therefore, overdue tuition payments can quickly become a serious concern.

The school understands that unexpected situations can arise & strives to work with our families. If unforeseen financial circumstances arise, families are responsible for contacting the school Tuition Administrator and/or Principal as soon as possible to review the financial hardship & discuss a possible mutually agreeable alternative tuition payment plan.

When payments are not made in accordance with the tuition agreement, the following steps will take place:
****Tuition MUST be current through August 2026 to receive the Teacher Letter & begin classes in September****

30 days past due:

- The Genesis Portal will be locked.
- When an account becomes 30 days past due under the established Tuition Agreement, the financially responsible party will receive written notice requesting that tuition be made current or contact the Tuition Office to discuss.
- It is the responsibility of the family and/or financially responsible party to keep the account current or contact the school's Tuition Office to discuss possible alternatives to the established payment plan.

60 days past due:

- The Genesis Portal will be locked.
- When an account becomes 60 days past due, the school's Principal will be notified & included in a collection letter issued to the financially responsible party. The written notice will reiterate the terms of the financial commitment & request immediate attention to the matter by submitting the required payment due and/or contacting the Tuition Office to discuss payment options. It is vitally important to avoid becoming 90 days delinquent at which point, the student(s) will not be permitted to participate in school sponsored activities including co-curriculars.
- In addition to the written notice, student(s) will not be permitted to pre-register to re-enroll for the following academic year or return after the current trimester until the full past due balance is satisfied.
- 8th Grade Graduates, in addition to above, Diplomas & School Records are withheld if accounts are not settled by April 30, 2027. Graduates registered with Donovan Catholic for freshman year **will have their registration placed on hold & placement will not be guaranteed, until the SJGS tuition account is settled.**

Exclusion Policy:

- Non-payment of a prior year's tuition will result in **non-admission** for the following school year.
- If the account is not settled by the deadline per the school, the account will be sent to collections, at which time a 35% Collection Fee is assessed & the responsible parties are legally obligated to pay per the Tuition Contract.
- Tuition/fees must be current prior to the first day of school or the student(s) will not be permitted to attend classes. Written notice will advise that parents should not send their student(s) to school until resolved.
- The student(s) will be dismissed at the end of a trimester for non-payment of financial obligations when the financially responsible party fails to demonstrate sufficient good faith in attempting to meet these obligations & will necessitate scheduling an appointment for a school requested transfer. The student(s) will be allowed to complete academic work in progress before terminating enrollment for non-payment of tuition and/or fees.
- Students will not be permitted to participate in school sponsored activities including co-curriculars.
- 8th Grade Graduates may participate in Graduation events; however, Diplomas & Academic Records are withheld until all financial obligations are satisfied. **Student placement at Donovan Catholic is not guaranteed.**

The school encourages all responsible parties to maintain open communication with the School Administration & Tuition Office to ensure a complete understanding of each family's financial circumstance. The goal of the school is to provide a Catholic school education to every student that desires one. By working together, we can achieve this common goal.

THIS FORM MUST BE SIGNED & RETURNED WITH THE TUITION CONTRACT TO FINALIZE ENROLLMENT

I/We have reviewed & understand this Delinquent Tuition Policy Acknowledgement Agreement is part of the Tuition Contract. Furthermore, I/We must sign & return all required documents to complete the enrollment process.

Printed Full Name (Parents/Guardians)	Printed Full Name (Parents/Guardians)
Signature (Parents/Guardians Date	Signature (Parents/Guardians) Date

St. Joseph Grade School Kindergarten – Grade 8 - 2026-2027 Tuition Contract

Please Print:

Father's Name:	
Mother's Name:	
Student Resides With: *Both Parents* *Mother* *Father* *Other*	
Father's Cell #:	*Mother's Cell #:*
Father's Home #:	*Mother's Home #:*
Father's Address:	
Mother's Address:	
Father's Email Address:	
Mother's Email Address:	
Name of Roman Catholic Parish Where Registered:	
Catholic Not Registered (Please Initial)	*Non Catholic (Please Initial)*

Please list all your children's names and the grades they will attend in the 2026-2027 school year at St. Joseph Grade School. ***This one contract will suffice for the entire family. Include Kindergarten and new siblings. Circle re-registration or new registration.***

Print Student Name(s)	Check one ✔	Grade for 26-27 School Year
1.	☐Re-Enroll ☐New Reg.	
2.	☐Re-Enroll ☐New Reg.	
3	☐Re-Enroll ☐New Reg.	
4.	☐Re-Enroll ☐New Reg.	

SUBSIDIZED AND DISCOUNTED TUITION 2026-2027

The tuition per child is listed in this contract. Multiple student discounts are extended to Catholic families having three or more children enrolled. Tuition for the 4th child or more is no charge; the 3rd child's tuition is discounted to one-half tuition. The 1st and 2nd child's tuition are full tuition, **however the no charge tuition applies to the oldest child in attendance at SJGS.**

711 Hooper Avenue, Toms River, NJ 08753 • (732) 349-2355 • (732) 349-1064 Fax

2026-2027 GRADES 1 – 8 TUITION		2026-2027 Kindergarten TUITION	
St. Joseph Parishioner	$6,380	St. Joseph Parishioner	$6,480
Non-Parishioner	$6,800	Non-Parishioner	$6,925
Non-Catholic	$7,800	Non-Catholic	$7,925

TUITION PAYMENTS – TERMS & CONDITIONS

Blackbaud Tuition provides tuition collection services on behalf of **St. Joseph Grade School.** If you are already registered with Blackbaud, you are not required to fill out a Blackbaud Agreement. If you are new to SJGS, please complete and sign the Blackbaud Tuition Agreement. **Agreement terms, Conditions and Parent Instructions are located in the Registration Packet**. Please call our tuition office at 732-349-0018 X 2231 or Blackbaud Tuition, 1-888-868-8828 should you have any questions regarding your new account or wish to make changes to your existing account.

- A non-refundable Blackbaud administrative fee of **$56.00 (per family)** will be added to your first tuition payment.
- Monthly tuition payments received more than 3 days after the due date will incur a non-refundable late fee of $40.
- Failed payments will incur a non-refundable $35 failed payment fee.
- Graduation Requirements: All accounts must be current by April, 2027.

Full payment prior to June 1, 2026 will entitle you to a $100.00 discount per family. This discount does NOT apply to families who receive financial assistance for the 2026/2027 school year.

Late registrants are required to submit a check along with this tuition contract for those payments missed as a result of their late registration. The billing year begins July 2026 and continues for 10 months through April 2027. Please contact the tuition office at 732-349-0018 x 2231 for the amount that must accompany this contract if you are registering after June 1, 2026.

FEES 2026-2027 – TERMS & CONDITIONS

REGISTRATION FEE FOR NEWLY ENROLLED STUDENTS – $250.00

All of the following fees are billed through Blackbaud Tuition in 2026/2027 unless otherwise noted:

1	**2026-2027 RE-ENROLLMENT FEE - $150.00 per student -** The re-enrollment fee for enrolled students whose tuition is current will be included in the March 2026 billing.
2	**TECHNOLOGY FEE – $175.00 per student -** This fee supports the annual cost of Genesis, our database system, Parent Access & School Messenger Communication Alert System.
3	**GRADUATION FEE – $150.00 per 8th grade student** - This fee supports all costs incurred for the celebration of Graduation.
4	**CONFIRMATION FEE – $75.00 per 7th grade student -** This fee supports all costs incurred for the instruction and celebration of the Sacrament of Confirmation. As Confirmation preparation is a two year process, this fee is assigned to Grade 7
5	**FIRST RECONCILIATION & FIRST HOLY COMMUNION FEE - $75.00 per candidate -** This fee, generally billed in Grade 2, supports all costs incurred for the instruction and the celebration of the sacraments of First Reconciliation and First Eucharist.
6	**PTA MEMBERSHIP – $25.00 per family -** This fee covers the cost of Monmouth-Ocean County PTA per capita tax, NJ Network for Catholic School Families Assessment, PTA Marketing contribution, and PTA Continuing Education Assessment.
7	**BEFORE/AFTERCARE BILLING** - Before and Aftercare fees are billed monthly throughout the school year. The fees incurred for each month for Before and Aftercare services utilized will be billed in the following month. Prior year unbilled Before and Aftercare fees for the months of May and June will be billed starting in July 2026, which is the first month of the payment plan for the new school year. **Before Care**: (6:30-8:45 AM): $15.00 per day for 1 child, $20.00 per day for 2 or more children of the same family. **After Care**: (2:45-6:00 PM): $15.00 per hour for 1 child, $20.00 per hour for 2 or more children of the same family.
8	**BAND FEE - $475.00 per year, per student – available to students in Grades 4-8 -** This fee is billed through Blackbaud $68.00 a month beginning in October, 2026 through April, 2027.

I have read and agreed to the terms & conditions listed above. Please Initial here _____

YOUR FAMILY'S CONTRACTUAL FUNDRAISING COMMITMENTS

1	**SCRIP** - Each family is required to make purchases amounting to $2,000.00 in Scrip (Grocery/Kohl's gift cards) and/or Raise Right or be assessed a non-participation fee of $100.00. Your $2,000.00 commitment begins accumulating April 1, 2026 and runs through March 31, 2027. Participating families who meet their goal of $2,000 in Grocery/Kohl's gift cards will receive a $50.00 tuition credit in the 2026-2027 school year. However, if you solely purchase Raise Right your percent will vary as will your tuition credit. ***Please note that Scrip non-participation fees for 8th Grade outgoing families are billed in May of each year. Families who continue in the school will be billed at the beginning of the 2026/2027 school year.***
2	**Holiday 50/50 Raffle** - (Sale of 30 raffle tickets per family at $5.00 each or be assessed a non-participation fee per family of $150.00 in January)
3	**The Walk-A-Thon** - ($25.00 minimum pledge per student or be assessed a $25.00 non-participation fee per student the following month after the event).

TUITION ASSISTANCE

Tuition assistance is offered through Parish programs and the Diocesan program (FACTS). Please contact the Tuition Office for details (732-349-0018 x 2231) or visit the school website www.stjoeschooltr.org. **In order to qualify for any tuition assistance, families must apply to FACTS.** https://online.factsmgt.com

Tuition Withdrawal Charges:
• ***July Any non-billable fees*** • ***Aug. $750.00*** • ***Sept. 20%*** • ***Oct. 30%*** • ***Nov. 40%*** • ***Dec. 50%*** • ***Jan. 100%***
These percentages reflect the participant's base tuition to be paid. They do not reflect the additional billable fees.
Full Tuition will be charged if a student withdraws after January 1, 2027.

We accept full legal responsibility for the student(s) named in this contract and agree to pay in full on the date due all tuition and fees payable with respect to such students. **We understand that any failure to meet the foregoing obligations may result in our child not being permitted to attend classes and that until all financial obligations with respect to the student have been satisfied in full, the School will have no obligation to transfer credits, grant a diploma, or release interim or end-of-year records or transcripts.** Additionally, I/we understand that the School reserves the right to use collection agencies and other legal means to collect unpaid tuition/fees **(plus 35% collection and attorney fees.)**

We understand that this enrollment agreement is for the entire school year, and agree that the School may require the withdrawal of or dismissal of any student if, in its sole discretion, it concludes that such student's attitude, influence, or behavior does not serve the best interests of the School. We further understand that a positive and constructive working relationship between the School and a student's parents (or guardian) is essential to the fulfillment of the school's mission, and agree that the School may terminate enrollment, or decline to re-enroll a student, if the School, in its sole discretion concludes that the actions or inactions of a parent (or guardian) make a positive and constructive working relationship impossible, or interferes with the School's accomplishment of its mission. We agree that in accordance with the school's tuition policy, no portion of any tuition or fees for a student be either refunded or canceled upon early withdrawal or dismissal of the student.

I/We agree to advise the tuition office of circumstances that affect my/our ability to meet my obligation under this contract.

EACH LEGALLY RESPONSIBLE PARTY MUST SIGN BELOW ACKNOWLEDGING THIS AGREEMENT.

Print Name *Signature* *Date*

Print Name *Signature* *Date*

711 Hooper Avenue, Toms River, NJ 08753 • (732) 349-2355 • (732) 349-1064 Fax

Blackbaud Tuition Management™

enroll.blackbaud.school

St. Joseph Grade School - 10697
685 Hooper Avenue
TOMS RIVER, NJ 08753

1 0 6 9 7 2 5 1 8 0 8

PLEASE ENTER FAMILY INFORMATION

2026 - 2027

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER

LAST NAME OF PARENT/GUARDIAN/BILL PAYER

*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY

*LAST NAME OF ADDITIONAL AUTHORIZED PARTY

STREET ADDRESS OR P.O. BOX

APT#

CITY

STATE

ZIP CODE

COUNTRY

MOBILE TELEPHONE NUMBER

ALTERNATIVE TELEPHONE

EMAIL ADDRESS (for email reminders for upcoming payments)

SELECT A PAYMENT METHOD

☐ I agree to make payments by mail, digitally or telephone. I agree to the following due date: ☐☐

Your school allows the following due date(s): 10, 20

☐ I authorize Blackbaud Tuition Management to automatically debit my payments from the below provided ☐☐

Your school allows the following due date(s): 5, 10, 20

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

9 DIGIT ROUTING NUMBER

BANK ACCOUNT NUMBER

Any Debit account linked to Blackbaud Tuition Management must be active and viable

PLEASE CHARGE MY: ☐ AMEX ☐ DISCOVER ☐ MASTERCARD VISA

CREDIT CARD NUMBER

EXPIRATION DATE ☐☐ / ☐☐

A 3.12% usage fee applies to all credit/debit card payments.

SELECT A PAYMENT PLAN

Plan A	Payment(s) 1	Jul
Plan B	Payment(s) 10	Jul - Apr
Plan C	Payment(s) 2	Jul, Dec
Plan D	Payment(s) 4	Jul, Oct, Jan, Apr

ENTER PLAN LETTER HERE ☐

ENTER STUDENT INFORMATION

Choose from the following grades: PK 3, PK 4, K, 1 - 8

GRADE	FIRST NAME OF STUDENT	LAST NAME OF STUDENT

*OPTIONAL SCHOOL FAMILY ID:

*OPTIONAL TYPE CODE:

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 1 $

STUDENT TUITION 2 $

STUDENT TUITION 3 $

STUDENT TUITION 4 $

FAMILY TUITION SUBTOTAL $

FEES & DISCOUNTS

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

BBTM ADMINISTRATIVE FEE + 56.00

ANNUAL TOTAL DUE $

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 Blackbaud Tuition Management (BBTM) 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, Blackbaud Tuition Management may contact me via email and text message and a follow up fee of $40.00 will be assessed to my account. A $30.00 fee will apply for any failed electronic transaction or dishonored check.

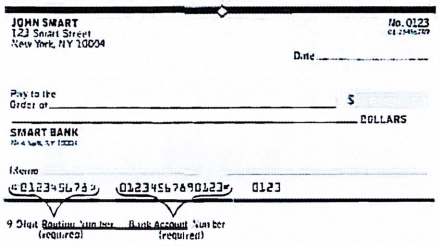
PRIMARY BILL PAYER _____ DATE / /

PARENT INSTRUCTIONS

Please use capital letters and print clearly.

1. ENTER FAMILY INFORMATION: Provide us with all of the requested contact information. If desired, use the "Additional Authorized Party" field to allow another person to access your tuition account information and make payments on the account. Be sure to include your email address, as we may contact you regarding important account information.

2. SELECT A PAYMENT METHOD: If you choose to pay by mail, you will receive a bill that will be due on the date selected. Please mail your payment at least seven days prior to the due date. If you select Auto - Debit, Blackbaud Tuition Management will debit your bank or credit card account on the debit date selected. If you choose to pay from your checking account, please include a voided check to ensure the accuracy of your information. On the bottom of every check, there is a 9-digit routing number that represents your bank (example below). It is typically located on the left side of the bottom of the check. Blackbaud Tuition Management cannot process automatic payments if the routing number is missing.



Please choose one of the due dates from the available dates provided. If you choose a due date not approved by your school, your account will default to the latest due date available.

3. SELECT A PAYMENT PLAN: Please choose one of the plans offered by your school by putting the letter of the plan in the box. Payment plans are made available by your school and cannot be changed by Blackbaud Tuition Management without school permission.

4. ENTER STUDENT INFORMATION: Please write the name(s) and grade(s) of the child/children who will attend this school.

5. PLEASE READ AND SIGN: Please review the Terms and Conditions. The Primary Bill Payer must sign the form.

parent.blackbaud.school

TERMS AND CONDITIONS

By enrolling in Blackbaud Tuition Management, you are agreeing to our Terms and Conditions that can be found at the link below or by scanning the QR code.

Blackbaud Terms and Conditions

Blackbaud Tuition Management & Your School Have Formed A Partnership

That Benefits Your School, Your Child, And You.

Please return completed form to your school immediately.

If you have any questions regarding this form, contact Blackbaud Tuition Management at:

1-888-868-8828