

Preschool Registration Packet**St. Joseph Grade School Welcomes You!**

Surround your child early in a safe, positive, nurturing environment that establishes a love of learning. Our Preschool Program will bring your child closer to God and our Roman Catholic Faith.

Preschool 3	Child must be 3 years old by October 1st
Preschool 4	Child must be 4 years old by October 1st

***All Preschool children must be fully potty trained.***

**Registration Packet Checklist**

Step 1	Complete <u>ONLINE</u> PreK-8 <sup>th</sup> Grade <u>APPLICATION</u> on our Website and submit electronically.	✓
Step 2	Download, PRINT and complete the <u>PRESCHOOL NEW STUDENT REGISTRATION PACKET</u> found on our Website. <ul style="list-style-type: none"> <li>● Preschool Medical Requirements</li> <li>● Universal Child Health Record</li> <li>● A Universal Child Health Record filled out by your Health Care Provider is REQUIRED upon registration. All students new to Preschool MUST HAVE a copy of their most recent physical upon registration.</li> <li>● Parent Tuition Agreement</li> <li>● 26-27 Preschool Tuition Contract</li> <li>● Blackbaud Enrollment Form – ONE PER FAMILY</li> </ul>	
Step 3	Attach Supportive Documentation: <ul style="list-style-type: none"> <li>● Birth Certificate</li> <li>● Baptismal Certificate</li> <li>● Immunization Record (provided by your Health Care Provider)</li> </ul> The Immunization Record is REQUIRED at registration.	
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, PRESCHOOL 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](mailto: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.*

## PRESCHOOL 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  
Influenza Vaccine due by December 31<sup>st</sup>**

**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.**

The following are the required immunizations for admission to preschool.

<b>DPT</b>	4 doses
<b>Polio</b>	3 doses
<b>MMR</b>	1 dose
<b>Hep B</b>	3 doses at correct intervals
<b>HIB</b>	1 dose given after 1 <sup>st</sup> birthday
<b>Varicella</b>	1 dose
<b>PCV</b>	1 dose given after 1 <sup>st</sup> birthday
<b>Influenza</b>	1 current year dose

**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.*

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

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*Street Address* \_\_\_\_\_ *City, State* \_\_\_\_\_ *Zip* \_\_\_\_\_

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*Parent Primary Phone Number* \_\_\_\_\_

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*Entering Grade* \_\_\_\_\_

*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* \_\_\_\_\_

UNIVERSAL

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

CHILD HEALTH RECORD

New Jersey Department of Health

SECTION I. TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)		(First)		Gender	Date of Birth
				<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /
Does Child Have Health Insurance?		Yes, Name of Child's Health Insurance Carrier			
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Parent/Guardian Name		Home Telephone Number		Work Telephone Cell Phone Number	
		( ) .		( ) .	
Parent/Guardian Name		Home Telephone Number		Work Telephone Cell Phone Number	
		( ) .		( ) .	
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>					
Signature			Date		
			This form may be released to WIC		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
SECTION II. TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination			Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Abnormalities Noted:			Weight (must be taken within 30 days for WIG)		
			Height (must be taken within 30 days for WIG)		
			Head Circumference (if < 2 Years)		
			Blood Pressure (if 3 Years)		
<b>IMMUNIZATIONS</b>			<input type="checkbox"/> Immunization Record Attached		
			<input type="checkbox"/> Date Next Immunization Due:		
MEDICAL CONDITIONS					
Chronic Medical Conditions Related Surgeries List medical conditions ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments List medications treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity List limitations special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis List behavioral/mental health issues concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans List emergency plan that might be needed and the sign/symptoms to watch for.		<input type="checkbox"/> None <input type="checkbox"/> 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: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> 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](http://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](http://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 health 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.



## 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.
- 8<sup>th</sup> 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 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.
- 8<sup>th</sup> 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 no longer 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 PRESCHOOL TUITION CONTRACT

### PreK 3 and PreK 4 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 write your student's name on the line provided and check your program choice box.**

#### 3 Year Old Program – Check the program of choice:

**Student Name:** \_\_\_\_\_

<input type="checkbox"/> <b><u>PreK 3 – 2 Day Program</u></b> Tuesday and Thursday <b>\$3,700</b>	<input type="checkbox"/> <b><u>PreK 3 – 3 Day Program</u></b> Monday, Wednesday, Friday <b>\$4,700</b>	<input type="checkbox"/> <b><u>PreK 3 – 5 Day Program</u></b> Monday through Friday <b>\$6,700</b>
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#### 4 Year Old Program – Check the program of choice:

**Student Name:** \_\_\_\_\_

<input type="checkbox"/> <b><u>PreK 4 – 2 Day Program</u></b> Tuesday and Thursday <b>\$3,700</b>	<input type="checkbox"/> <b><u>PreK 4 – 3 Day Program</u></b> Monday, Wednesday, Friday <b>\$4,700</b>	<input type="checkbox"/> <b><u>PreK 4 – 5 Day Program</u></b> Monday through Friday <b>\$6,700</b>
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#### **Extended Care Program Fees**

**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, \$20.00 per hour for 2 or more children of the same family.

**A 2% Paid in Full Tuition Discount by June 1st will be extended to families as follows:**

5 Full Days: \$126.00	3 Full Days: \$86.00	2 Full Days: \$66.00
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**Additional Fees:**

PTA Membership Fee (*per family*) **\$25.00**

New Student Registration Fee **\$250**

**All paid tuition and fees are non-refundable**

**TUITION PAYMENTS – TERMS & CONDITIONS**

**Blackbaud** 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 on the reverse side of the Blackbaud Tuition Agreement.** Please call our tuition office, 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 \$35 non-refundable failed payment fee.

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 ext. 2231 for the amount that must accompany this contract if you are registering after June 1, 2026.

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

We accept full legal responsibility for the above named student and agree to pay in full on the date due all tuition and fees payable with respect to such student. **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 legal/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 \_\_\_\_\_

enroll.blackbaud.school

1 0 6 9 7 2 5 1 8 0 8

### PLEASE ENTER FAMILY INFORMATION

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER										LAST NAME OF PARENT/GUARDIAN/BILL PAYER										<b>2026 - 2027</b>			
*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

<input type="checkbox"/> 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
<input type="checkbox"/> 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: 9 DIGIT ROUTING NUMBER	<input type="checkbox"/> CHECKING (PLEASE ATTACH A VOIDED CHECK) OR	<input type="checkbox"/> SAVINGS
BANK ACCOUNT NUMBER	Any Debit account linked to Blackbaud Tuition Management must be active and viable	
PLEASE CHARGE MY: CREDIT CARD NUMBER	<input type="checkbox"/> AMEX	<input type="checkbox"/> DISCOVER
EXPIRATION DATE	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA
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

<input type="checkbox"/> THIS FAMILY IS ENROLLING LATE:	
<input type="checkbox"/> SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN	
<input type="checkbox"/> COLLECT BALANCE IN FIRST MONTH	
*OPTIONAL STUDENT ID	
STUDENT TUITION 1	\$
STUDENT TUITION 2	\$
STUDENT TUITION 3	\$
STUDENT TUITION 4	\$
<b>FAMILY TUITION SUBTOTAL</b>	\$

### 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	+	5   6   0   0
<b>ANNUAL TOTAL DUE</b>	\$	

### 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.

**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**

**parent.blackbaud.school**