# *Academy of Our Lady of Grace*

*400 Kamena Street, Fairview, NJ 07022*
*Telephone: 201-945-8300 Fax: 201-945-4580*
*www.aolgfairview.org*

## PRE-K AGREEMENT 2026/2027

**PLEASE CHOOSE WHICH PRE-K PROGRAM YOU WOULD LIKE TO ENROLL YOUR CHILD IN:**

☐    PK-2 –  My child will be 2 years of age on or before October 1, 2026.
     The tuition for this program is $7,290.

☐    PK-3 -   My child will be 3 years of age on or before October 1, 2026 and will be fully potty
     trained.   If this is not the case, my child will not be able to continue the program.
     The tuition for this program is $7,015.

☐    PK-4 -  My child will be 4 years of age on or before October 1, 2026 and will be fully potty
     trained.  If this is not the case, my child will not be able to continue the program.
     The tuition for this program is $7,015.

If you have two children that you would like to enroll in the Pre-K 3 & 4 Program, the tuition is $11,285 for both children. If you have two children that you would like to enroll in the Pre-K 2 & 3 or 4 Program, the tuition is $11,560 for both children. If you have a child/children registered in grades K-8, $500 will be deducted from the total Pre-K tuition.

**I agree to the following terms for my child's/children's acceptance into the program.** *Failure to complete steps 1 – 5 below may cause your child/children to be removed from the program.*

1. To pay a $250 registration fee for each child which is non-refundable and due at the time of registration.
2. To submit a copy of my child's/children's birth certificate, and if applicable, a baptismal certificate, if not already submitted.
3. To submit a medical form for my child/children upon registration. When school begins in September updated medical forms must be submitted reflecting school required immunizations. NO EXCEPTIONS ALLOWED.
4. Failure to pay tuition regardless of my child's absences due to illness, family emergencies and/or vacation will result in my child/children not being permitted to attend school.
5. Should a parent of a registered child withdraw from AOLG and break the agreement after May 29, 2026, a two months' tuition fee will be charged. Any additional tuition will be refunded on a prorated basis.

**All tuition payments must be paid through FACTS Tuition. FACTS enrollment fees for tuition management/incidental billing are as follows:**

| 3+ Payments | 2 Payments | Pay in Full |
|---|---|---|
| $55.00 | $25.00 | $25.00 |

☐    Payment in full by June 10, 2026. A 3% discount on tuition will be applied.

☐    Two equal payments: June 10, 2026 and December 9, 2026.

☐    Ten equal payments: June 2026 – March 2027.

*A Middle States Accredited School*

**TUITION FOR 2026/2027 SCHOOL YEAR**

**1 CHILD Pre-K 2 - $7,290   Pre-K 3 & 4 - $7,015**

**Pre-K 2 & Pre-K 3 or 4 – 2 CHILDREN - $11,560   3 CHILDREN - $15,750**

**Pre – K 3 & 4 – 2 CHILDREN - $11,285   3 CHILDREN - $ 15,600**

**PLEASE PRINT CLEARLY**

NAME & GRADE OF CHILD/CHILDREN REGISTERING AT ACADEMY OF OUR LADY OF GRACE

mm/dd/yyyy

NAME: _____ GRADE: _____ (2026-27) DATE OF BIRTH: _____ ☐MALE ☐ FEMALE

NAME: _____ GRADE: _____ (2026-27) DATE OF BIRTH: _____ ☐MALE ☐ FEMALE

NAME: _____ GRADE: _____ (2026-27) DATE OF BIRTH: _____ ☐MALE ☐ FEMALE

If you have another child attending Academy of Our Lady of Grace in grades K-8, please enter their:

NAME: _____ GRADE_____

**PARENT INFORMATION – PLEASE COMPLETE ALL FIELDS**

PLEASE PRINT PARENT/GUARDIAN NAME:_____

ADDRESS: _____CITY: _____ STATE: _____ ZIP: _____

PREFERRED PHONE NO.: _____ WORK PHONE NO.: _____

E-MAIL ADDRESS: _____ (**Print Clearly**)

## METHOD OF PAYMENT FOR REGISTRATION FEE

REGISTRATION FEE:        X _____ (number of students) = _____

 Check ☐          Credit Card:     Visa ☐          MasterCard ☐          AMEX ☐

Name as it appears on card: _____

mm/yy

Credit Card # _____ Expiration Date: _____

Security Code: _____          AMOUNT TO BE CHARGED: _____

**I understand the 2026/2027 Tuition Policy, and I/we agree to comply with the tuition requirements as stated above. In addition, I/we further agree to comply with all the rules and regulations of Academy of Our Lady of Grace in accordance with the Student Handbook.**

mm/dd/yyyy

PARENTS' SIGNATURE: _____ DATE: _____

12/2025