



For Office Use Only	
VM	_____
AK	_____
SW	_____
Date	_____

2017-2018

Darrell Scott Fagelson Religious School Registration

Parent's or Guardian's Information			
Parent 1 - Last, First		Parent 2 - Last, First	
Home Address	Street	City	Zip
Home Number:	Parent 1 - Cell	Parent 2 - Cell	Student's cell if applicable:
Parent 1 - E-mail:		Parent 2 - E-mail:	
Allergies? Please List			

Schedule of Classes

Kindergarten through 6th Grade (August – May, Sundays: 9:00 am – Noon)

Beginning in September, students in 4th-6th grade will have a required weekly Hebrew class. (see options below)

Beginning in September, students in K-3rd Grade will have an optional program called "Sababa" from 12-1 pm

7th – 12th Grade (Rotating Schedule Between Tuesday Evenings & Sunday Afternoons)

7th Graders will have a new weekly Hebrew class on Tuesdays from 5:15 – 6:15 pm

Student's Name	Male or Female	Birth Date	Grade	4 th , 5 th & 6 th Grade Add On (Starting 9/10) Please Check One Box Below			K-3 rd Grade Optional Sababa	Pizza (Optional) \$125 pp for the year
				Sunday 12-1 pm	Tues 5:15-6:15 pm	Online ADD'L \$12.50 per month		
1-	M / F							
2-	M / F							
3-	M / F							
Hebrew Name	1) _____		2) _____		3) _____			

	TUITION	AMOUNT
Kindergarten – 2 nd Grade	Early Bird \$525.00 Per Child By 6/8 or \$560 After	\$
3 rd – 6 th Grade	Early Bird \$900.00 Per Child by 6/8 or \$950 After	\$
7 th & 8 th Grade OMG!	\$540.00 Per Child	\$
9 th – 12 th Grade YELL!	\$360.00 Per Child	\$
Pizza	\$125 Per Child	\$
Temple Dues	Family - \$1,954.00 or Single \$1,154.00	\$
Building Fund (If Applicable)	\$500.00 per year for 5 years	\$
Security Fee	\$180.00 per Family	\$
A \$100.00 Non-refundable Fee per student is required for early registration		\$
TOTAL		\$

	<u>Student 1</u>	<u>Student 2</u>	<u>Student 3</u>
Please list 2 friends that your child would like to be placed with and we will do our best to accommodate your request. * Request must be mutual	<u>1.</u>	<u>1.</u>	<u>1.</u>
	<u>2.</u>	<u>2.</u>	<u>2.</u>

Photo Release (Please Check Below)
 I give my permission to Temple Kol Ami Emanu-El to use any video or photograph, either online or in print, or any video taken at the event my child is attending for the purpose of marketing or promoting TKAE and its programs.

It is our policy that every family has a credit card on file, even if you will be paying by cash or check. In the event that your cash/check is not received by the 10th of the month in which it is due, a charge will be processed in the amount of the payment due. This will process automatically without additional notification. This charge will not be reversed for any reason. _____ Initial

Student(s) Name(s): _____, _____, _____

Home Phone: _____ **Mobile Phone:** _____

Payment Schedule
Please initial your choice

Initial _____ / - ONE (1) payment now for all Temple obligations, including tuition, dues, building fund, security fee, etc. If payment is made in full there is a 2% discount and no administrative fee.

Initial _____ / - 1/2 upon registration and 1/2 on December 10th. If paying by credit card this will automatically be charged on the 10th of the month.

Initial _____ / - Seven (7) equal monthly payments for all my fees, for all Temple obligations, including tuition, dues, building fund, security fee, etc. If paying by credit card this will automatically be charged on the 10th of the month.

Temple Kol Ami Emanu-El gladly accepts payments through check, cash or credit card (Visa, MasterCard, Discover or American Express) with the additional option of setting up recurring billing.

In the event that my cash/check is not received by the 10th of the month in which it is due, a charge will be processed on my credit card in the amount of the payment due.

I hereby apply for admission for my child(ren) to the Religious School of Kol Ami Emanu-El in accordance with the established non-refundable tuition schedule, and in accordance with the procedure set forth by the Education Committee & Temple Board for the administration of Religious School. I acknowledge that in order for my child to attend TKAE Religious School, I must be a member in good standing of the Temple.

CREDIT CARD INFORMATION Please charge my credit card for all my School/Temple obligations.

Name on Credit Card

Billing Address **City, State, Zip**

Credit Card # **Expiration Date**

I authorize TKAE to charge my credit card the amount billed for School/Temple obligations as selected above. The amount billed includes the "full price" which is 2 1/2% more than the discounted list cash price.

Signature: _____ **Date:** _____
X



TEMPLE

Kol Ami Emanu-El

THE CENTER OF OUR JEWISH COMMUNITY מרכז חיי הקהילה

Signature: _____

Date: _____