

<b>For Office Use Only</b>	
VM	_____
SW	_____
Date	_____

**2018-2019**  
**Gesher Program Registration Form**

Parent's or Guardian's Information						
Parent 1 - Last, First			Birthdate		Parent 2 - Last, First	
Home Address			Street		City	
Home Number:			Parent 1 - Cell		Parent 2 - Cell	
Parent 1 - E-mail:			Parent 2 - E-mail:			
<b>If parents are divorced or separated, please complete the section below:</b>						
Custodial Parent's Name:		Should all mailings go to both parents?			Address:	
Student's Name	Male or Female	Birth Date	Hebrew Name	Gesher Grade	Secular Grade	Allergies If Any
	M / F					
	M / F					
	M / F					

<b>SCHEDULE</b> (3 DAY PROGRAM) MONDAY & WEDNESDAY 2:30 STUDY HALL, 3:00 – 4:00 CLASS FRIDAY 2:30 STUDY HALL WITH KABALAT SHABBAT FROM 3:00 – 3:30 (5 DAY PROGRAM) MONDAY – THURSDAY 2:30 STUDY HALL, 3:00 – 4:00 CLASS FRIDAY 2:30 STUDY HALL WITH KABALAT SHABBAT FROM 3:00 – 3:30			
			Amount
	K – 2 <sup>nd</sup> Grade / 3 Day Tuition	\$560 Per Child By 5/20/18 or <u>\$610 After</u>	\$
	K – 2 <sup>nd</sup> Grade / 5 Day Tuition	\$875 Per Child By 5/20/18 or <u>\$925 After</u>	\$
	3 <sup>rd</sup> – 5 <sup>th</sup> Grade / 3 Day Tuition	\$950 Per Child by 5/20/18 or <u>\$1,000 After</u>	\$
	3 <sup>rd</sup> – 5 <sup>th</sup> Grade / 5 Day Tuition	\$1,275 Per Child by 5/20/18 or <u>\$1,325 After</u>	\$
	Temple Dues	Family - \$1,954.00 or Single \$1,154.00 (MEMBERSHIP PRICE SUBJECT TO CHANGE)	\$
	Building Fund (If Applicable)	500.00 per year for 5 years	\$
	Security Fee	\$180.00 per Family	\$
	<b>A \$100.00 Non-refundable Fee per student is required for early registration</b>		\$
	<b>TOTAL</b>		\$

**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 10<sup>th</sup> 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 \_\_\_\_ / · Ten (10) 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 1<sup>st</sup> of the month. (August 2018 – May 2019)

Initial \_\_\_\_ / · Twelve (12) 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 1<sup>st</sup> of the month. (Jun 2018 – May 2019)

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 10<sup>th</sup> 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 Geshet Program 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's Geshet Program, 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.

<b>Name on Credit Card</b>	
<b>Billing Address</b>	<b>City, State, Zip</b>
<b>Credit Card #</b>	<b>Expiration Date</b>
<b>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.</b>	
<b>Signature:</b> <b>X</b>	<b>Date:</b>

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_