



For Office Use Only	
VM	_____
SW	_____
Date	_____

**2019-2020
Gesher Program Registration Form**

Parent's or Guardian's Information							
Parent 1 - Last, First <small>Dr/Mr/Mrs/Ms</small>		Birthdate		Parent 1 - Last, First <small>Dr/Mr/Mrs/Ms</small>		Birthdate	
Home Address		Street		City		Zip	
Home Number		Parent 1 - Cell		Parent 2 - Cell		Anniversary Date	
Parent 1 - E-mail				Parent 2 - E-mail			
If parents are divorced or separated, please complete the section below:							
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					

SCHEDULE			
(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 nd Grade / 3 Day Tuition	\$610 Per Child By 5/31/19 or <u>\$635 After</u>	\$
	K – 2 nd Grade / 5 Day Tuition	\$925 Per Child By 5/31/19 or <u>\$950 After</u>	\$
	3 rd – 5 th Grade / 3 Day Tuition	\$1,000 Per Child by 5/31/19 or <u>\$1,025 After</u>	\$
	3 rd – 5 th Grade / 5 Day Tuition	\$1,325 Per Child by 5/31/19 or <u>\$1,350 After</u>	\$
	Temple Dues	Family - \$2,054.00 or Single \$1,218.00	\$
	Building Fund (If Applicable)	500.00 per year for 5 years	\$
	Security Fee	\$180.00 per Family (\$350.00 if additional student in Early Childhood)	\$
A \$100.00 Non-refundable Fee per student is required for early registration			\$
TOTAL			\$

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 ____ / · 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 1st of the month. (August 2019 – May 2020)

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 1st of the month. (Jun 2019 – May 2020)

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 Gesher 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 Gesher 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.

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: X	Date:

Signature: _____ **Date:** _____