



TEMPLE

Kol Ami Emanu-El

THE CENTER OF OUR JEWISH COMMUNITY מרכז ח"י הקהילה

For Office Use Only

VM _____

SW _____

Date _____

2023-2024**Gesher Program Registration Form**

Parent's or Guardian's Information							
Parent 1 - Last, First Dr/Mr/Mrs/Ms		Birthdate		Parent 1 - Last, First Dr/Mr/Mrs/Ms		Birthdate	
Home Address		Street		City		Zip	
Home Number		Parent 1 - Cell		Parent 2 - Cell		Anniversary Date	
Parent 1 - E-mail				Parent 2 - E-mail			
Student's Name	Male or Female	Birth Date	Hebrew Name	Gesher Grade	Secular Grade	Name of Secular School	
	M / F						
	M / F						
	M / F						

SCHEDULE			
3 (MWF) or 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			
	K – 2 nd Grade / 3 Day Tuition	\$760 Per Child	\$
	K – 2 nd Grade / 5 Day Tuition	\$1,075 Per Child	\$
	3 rd – 5 th Grade / 3 Day Tuition	\$1,175 Per Child	\$
	3 rd – 5 th Grade / 5 Day Tuition	\$1,475 Per Child	\$
	2 Way Bus	\$2,370 - Both Ways per student	\$
	1 Way Bus	\$1,896 - One Way per student	\$
	Pizza on Wednesdays	\$165.00 per student for the school year	\$
	Gesher Kiosk Snacks	\$95.00 per student for the school year	\$
	Temple Dues	Family - \$2,054.00 or Single - \$1,218.00	\$
	Building Fund (If Applicable)	500.00 per year for 5 years	\$
	Security Fee	\$230.00 per Family (\$400.00 if additional student in Early Childhood)	\$
A \$100.00 Non-Refundable Fee Registration Fee Per Student			\$
BALANCE			\$
DEPOSIT			\$
TOTAL BALANCE			\$

Photo Release

☐ 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.

Allergies

☐ _____

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 2023 – May 2024)

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 2023 – May 2024)

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 Geshar 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 Geshar 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:** _____