



TEMPLE

Kol Ami Emanu-El

THE CENTER OF OUR JEWISH COMMUNITY מרכז ח"י הקהילה

For Office Use Only

VM _____

SW _____

Date _____

2024-2025

Early Bird - Geshher Program Registration Form at TKAE

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	Geshher 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

Registration Fee	\$100 Per Child	\$
K – 5 th Grade / 3 Day Tuition	\$1,115 Per Child	\$
K – 5 th Grade / 5 Day Tuition	\$1,465 Per Child	\$
One Way Bus	\$200 Per Month Per Child	\$

A non-refundable registration fee of \$100 plus a \$100 deposit towards tuition per child is due at time of registration.

**Temple Membership Dues, Building Fund and Security Fee Not Included

**Additional Fees for Non-Members

**Prices Increase by 10% after June 7, 2024

Call Temple Bookkeeper for Additional Pricing Questions

We offer a sibling discount of 5% of the youngest child's annual tuition to families with 2 or more children.

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.

Late Pick-Up

I understand that Geshher ends at 4PM – if my child is not picked up by 4:15PM, I will be charged \$25.00 for a Late Pick-Up fee.

X _____ Initial

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 2024 – May 2025)

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 2024 – May 2025)

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: _____