



TEMPLE

Kol Ami Emanu-El

THE CENTER OF OUR JEWISH COMMUNITY מרכז חיי הקהילה

For Office Use Only
VM _____
SW _____
Date _____

2024-2025 / 5785

The Center of Jewish Education

Parent / Guardian Information			
Parent 1 - Last, First Dr/Mr/Mrs/Ms	Birthdate	Parent 2 - Last, First Dr/Mr/Mrs/Ms	Birthdate
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:	Parent Anniversary Date:	
Allergies? Please List			

<u>Schedule of Classes</u>				
Kindergarten through 6 th Grade (August – May, Sundays: 9:00 am – Noon)				
Student's Name	Male or Female	Birth Date	Grade	Hebrew Name
1-				
2-				
3-				

	TUITION	AMOUNT
Registration Fee	\$100 Per Child	\$
Kindergarten – 2 nd Grade	\$795 Per Child By 5/31/24 or <u>\$875 After</u>	\$
3 rd – 6 th Grade	\$1,195 Per Child By 5/31/24 or <u>\$1,315 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	\$250.00 per Family (\$400.00 if additional student in Early Childhood)	\$
A non-refundable registration fee of \$100 plus a \$100 deposit towards tuition per student is due at time of registration.		\$
TOTAL BALANCE		\$
DEPOSIT		\$
REMAINING BALANCE		\$

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.

Donation

I would like to make a donation to our religious school in the amount of \$_____.

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 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		
<input type="checkbox"/> Please charge my credit card for all my School/Temple obligations.		
Name on Credit Card		
Billing Address	City, State, Zip	
Credit Card #	Expiration Date	3 or 4 Digit Code
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 3% more than the discounted list cash price.		
Signature: X	Date:	

Signature: _____ Date: _____