

**Religious School 2015-2016 / 5776 Registration Form**

**Student Information**

Full name \_\_\_\_\_  
 Hebrew name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ School & Grade \_\_\_\_\_  
 E-mail \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_ Zip \_\_\_\_\_

<p><b><u>Father/Guardian's Information</u></b></p> <p>Name _____</p> <p>Hebrew Name _____</p> <p>Business Phone _____ Cell Phone _____</p> <p>E-mail _____</p> <p>Address (if different from child's) _____                  _____ Zip _____</p>	<p><b><u>Mother/Guardian's Information</u></b></p> <p>Name _____</p> <p>Hebrew Name _____</p> <p>Business Phone _____ Cell Phone _____</p> <p>E-mail _____</p> <p>Address (if different from child's) _____                  _____ Zip _____</p>
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**Media Release** - I understand that my child's picture may appear in newspapers, CAI publications, and/or other communication tools used by CAI.

**Parental Agreement** - A positive attitude and active involvement in Religious School by parents is key to a child's successful learning experience. In addition to attending Shabbat Family Experience and special family programming days, please choose at least one other area of involvement (substitute teaching, helping out with Shabbat dinners, holiday programs, High Holy Day Family Service).

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Registration Fees and Tuition**  Check here for Scholarship Request Form

- Non-refundable Registration Fee (\$72 until July 1; \$100 thereafter) required per student with submitted Registration Form. Fee waived for Kindergarten.
- Please order a copy of my child's Hebrew book for use at home (K- 6<sup>th</sup> Grade only; \$18 each).

**Tuition: (check grade for child)**

- Kindergarten \$0
- 1<sup>st</sup> Grade \$450
- 2<sup>nd</sup> Grade \$480
- Alef (3<sup>rd</sup> Grade) \$560
- Bet (4<sup>th</sup> Grade) \$560
- Gimel (5<sup>th</sup> Grade) \$560
- Daled (6<sup>th</sup> Grade) \$560
- Hey (7<sup>th</sup> Grade) \$450
- Vav (8<sup>th</sup> Grade) \$450

Total due \$ \_\_\_\_\_ Include Registration Fee (if applicable), Hebrew book and tuition.

**Payment Information (select one)**

- Check (Payment in full by Aug. 10, 2015)
- Credit Card  Payment in full by Aug. 10, 2015  Ten (10) Monthly Payments starting Aug. 15, 2015

**Please note: There is a 2.5% convenience fee for credit card use.**

Visa, MasterCard or Discover # \_\_\_\_\_ Exp. \_\_\_\_\_ Sec. Code \_\_\_\_\_

Signature \_\_\_\_\_

- Bank Draft  Payment in full by Aug. 10, 2015  Ten (10) Monthly Payments starting Aug. 15, 2015

I (we) authorize Congregation Anshei Israel to electronically debit my (our) \_\_\_\_\_ Checking OR \_\_\_\_\_ Savings account at the depository financial institution named below:

Depository Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Signature \_\_\_\_\_

*Your signature acknowledges your payment plan and/or authorization.*