

Religious School 2016-2017 / 5777 Registration Form

Student Information

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

<p><u>Father/Guardian's Information</u></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><u>Mother/Guardian's Information</u></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 - Active involvement in Jewish life by parents is a key component to a child's successful learning experience. In addition to attending Family Shabbat, Mishpachah events, and special holiday programs, we encourage you to take an active role in our Parent Havurah. For those who are willing to commit to a leadership role, we will waive \$50 off the registration fee. If you are interested, please check the box below.

Parent/Guardian Name _____ Signature _____ Date _____

Registration Fees and Tuition Check here for Scholarship Request Form

- Non-refundable Registration Fee (\$50 until May 15; \$100 thereafter) required per student with submitted Registration Form. Fee waived for Kindergarten.**
- Please sign me up to be a room parent. I will take on a leadership role in our Parent Havurah by promoting Religious School events to the families in my child's class. \$50 off Registration Fee.**
- Please order a copy of my child's Hebrew book for use at home (K- 6th Grade only; \$18 each).**

Tuition: (check grade for child)

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

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

Payment Information (select one)

- Check** (Payment in full by Aug. 10, 2016)
- Credit Card** Payment in full by Aug. 10, 2016 Ten (10) Monthly Payments starting Aug. 15, 2016

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, 2016 Ten (10) Monthly Payments starting Aug. 15, 2016

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.