

Religious School 2017-2018 / 5778 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.

Parent Contact Information Release - I agree that I will not share other parent(s) information for commercial purposes.

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, Mishpacha events, and special holiday programs we encourage you to take an active role in our Parent Havurah.

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)

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

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

Payment Information (select one)

- Check** (Payment in full by Aug. 10, 2017)
- Credit Card** Payment in full by Aug. 10, 2017 Ten (10) Monthly Payments starting Aug. 15, 2017

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, 2017 Ten (10) Monthly Payments starting Aug. 15, 2017

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.