

## **TUITION FORM 2021-2022**

FOR OFFICAL USE ONLY					
Date:					
Check # _	Amount				

Please Complete One Tuition Form Per Family.

A Payment Plan Is On The Reverse Side. Complete And Submit Post-Dated Checks (preferred)

Or Credit Card Information

Parent's/Guardian's Na	ame:		
Address:			
Student's Name:	Grade:		
Student's Name:			
Student's Name:	Grade:		
<ul> <li>Families who are for the \$100 fee.</li> <li>Families are entit</li> <li>An \$85 Senior Fee</li> </ul>	agogues contribute a \$100 tuition subsidy for non-affiliated and/or not subsidized by a par led to a 10% tuition discount for each additio e covers the cost of the senior activities, senion a completed Payment Plan is due at the time	ticipating synagogue are responsible nal student. or supper and graduation.	
• •	be made payable to Federation for Jewish P	<b>J</b>	
TUITION <u>\$850.00</u> (1st	child)	\$	
DISCOUNT FOR OTHE	R SIBLINGS <u>\$765.00</u> X No. of children: unt)		
NON-AFFILIATED FEE	<u>\$100.00</u> X No. of students	\$	
SENIOR FEE \$85.00 X	No. of Seniors:	\$	
	SUB-TOTAL:	\$	
	ts (Only one of these discounts may be exerce a 25% discount per student on tuition only		
,	ewish Agencies working <u>15 hours or more</u> \$100.00 discount per student.	\$	
Agency	Position		
Supervisor	Phone		
	TOTAL DUE	\$	

## **PAYMENT PLAN**

To arrange a payment plan, (post-dated checks dated the 10<sup>th</sup> of the month or a monthly credit card charge) please review the options below. <u>Payments will be deposited/charged on or about the 10<sup>th</sup> of the month, beginning October, 2021 and ending no later than March, 2022.</u>

TOTAL DUE (	TAL DUE (Indicated On Side 1)				
Subtract \$150 Deposit Per Student (Must Be Presented With Form) Checks Are Preferred For Deposits					\$
			BALANCE D	<u>UE</u>	\$
Please Circle The Nur Divide your "Balance checks or provide cre	e Due", (Total Du	ie Less Depo	sit) into 2, 4, o	r 6 equal	parts, and enclose your
	MY	MONTHLY PA	YMENT AMOUN	ΓΙS <b>\$</b>	<del></del>
					UR COSTS, THE SERVICE FEE WOULD BE APPRECIATED.
Please	Secure These M	lonthly Paym	nents By Provid	ling Us Wi	th Either:
payments chos					nber of H PHILANTHROPY
Check #	_ Dated: 10/	10/21	Check #	Date	ed: 1/10/22
	 Dated: 11/10/21		Check #		
Check #	_ Dated: 12/	10/21	Check #	Date	ed: 3/10/22
		OR			·
plus an additiona	ll 3% convenience	fee Master	tion #2 Authoriza Card, AmEx or D ng the number o	iscover Card	d in equal payments
<u>IF YOUR CREDIT C</u>	ARD NUMBER OR		•		OFFICE IMMEDIATELY
CREDIT	CARD INFORMA	ΠΟΝ – Circle	The Application	For Your C	Credit Use
Full Tuition	Depo	sit Only	Г	Deposit and	l Monthly Payment
	PLEA	SE PRINT ANI	O COMPLETE FUI	<u>LLY</u>	
Card Type (Please Circle	e) Visa	MasterCard	AmEx	Disco	ver
Card Number:					
Billing Address:					
Billing Zip Code:					Code:
By signing below, I a	uthorize Merkaz to c	harge my credit	card as described a	bove.	
Card halder's Signatu	ıro				

<u>Please Note</u>: If incomplete, your child's place in the registration process will be held for <u>24 hours</u>.

THANK YOU FOR YOUR COOPERATION AND PARTICIPATION IN THE MERKAZ PROGRAM!