

TUITION FORM 2021-2022

FOR OFFICIAL 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 Name: _____

Address: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

- ◆ Participating Synagogues contribute a \$100 tuition subsidy for each of their students.
- ◆ Families who are non-affiliated and/or not subsidized by a participating synagogue are responsible for the \$100 fee.
- ◆ Families are entitled to a 10% tuition discount for each additional student.
- ◆ An \$85 Senior Fee covers the cost of the senior activities. Senior Supper and Graduation.
- ◆ Full payment OR a completed Payment Plan is due at the time of registration.
- ◆ All checks should be made payable to Merkaz.

☐ TUITION \$850.00 (1st child) \$ _____

☐ DISCOUNT FOR OTHER SIBLINGS \$765.00 X No. of children:
(10% Tuition Discount) \$ _____

☐ NON-AFFILIATED FEE \$100.00 X No. of students \$ _____

☐ SENIOR FEE \$85.00 X No. of Seniors: _____ \$ _____

SUB-TOTAL: \$ _____

Subtract additional discounts (Only one of these discounts may be exercised.)

☐ Merkaz faculty receive a 25% discount per student on tuition only. \$ _____

☐ Employees of local Jewish Agencies working 15 hours or more
per week receive a \$100.00 discount per student. \$ _____

Agency _____ Position _____

Supervisor _____ Phone _____

TOTAL DUE \$ _____

☐ FULL PAYMENT - Enclose full tuition check to FEDERATION FOR JEWISH PHILANTHROPY for total due
(please indicate Merkaz tuition in the memo line) OR complete Credit Card info on reverse side.

☐ TUITION ASSISTANCE IS AVAILABLE (Please send me the form) Please submit a \$150 deposit per student.

(OVER)

PAYMENT PLAN

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

TOTAL DUE (Indicated On Side 1) \$ _____

Subtract \$150 Deposit Per Student (Must Be Presented With Form)

Checks Are Preferred For Deposits \$ _____

BALANCE DUE \$ _____

Please Circle The Number Of Monthly Payments Chosen 2 4 6

Divide your "Balance Due", (Total Due Less Deposit) into 2, 4, or 6 equal parts, and enclose your checks or provide credit card information on this form.

MY MONTHLY PAYMENT AMOUNT IS \$ _____

PLEASE NOTE: CREDIT CARD PAYMENTS CARRY A 3% CONVENIENCE FEE. TO HELP DEFRAY OUR COSTS, THE SERVICE FEE WILL BE ADDED TO ALL PAYMENTS MADE BY CREDIT CARD. PAYMENT IN THE FORM OF CHECKS WOULD BE APPRECIATED.

Please Secure These Monthly Payments By Providing Us With Either:

☐ Option #1 A series of post-dated checks (10th of the month) matching the number of payments chosen.

POST DATED CHECKS MADE PAYABLE TO MERKAZ

Check # _____	Dated: 10/10/21	Check # _____	Dated: 1/10/22
Check # _____	Dated: 11/10/21	Check # _____	Dated: 2/10/22
Check # _____	Dated: 12/10/21	Check # _____	Dated: 3/10/22

OR

plus an additional 3% convenience fee

☐ Option #2 Authorization to charge your Visa, MasterCard, AmEx or Discover Card in equal payments matching the number of payments indicated.

IF YOUR CREDIT CARD NUMBER OR EXPIRATION DATE CHANGES, NOTIFY THE OFFICE IMMEDIATELY

CREDIT CARD INFORMATION – Circle The Application For Your Credit Use

Full Tuition

Deposit Only

Deposit and Monthly Payment

PLEASE PRINT AND COMPLETE FULLY

Card Type (Please Circle) Visa MasterCard AmEx Discover

Card Number: _____

Billing Address: _____

Billing Zip Code: _____ Exp. Date: _____ CVC Code: _____

By signing below, I authorize Merkaz to charge my credit card as described above.

Card-holder's Signature: _____

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

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