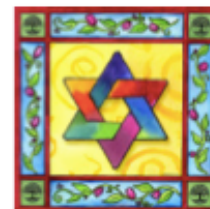




SEPHARDIC TEMPLE TIFERETH ISRAEL
RABBI JACOB M. OTT HEBREW SCHOOL



2019 - 2020 School Year
Hebrew School Tuition and Payment Agreement

Father's Name: _____
 Last First

Mother's Name: _____
 Last First

	Early Bird Tuition if registered by June 20, 2019	If registered After June 20, 2019
Kindergarten and 1 st – Tuesdays, <i>Once per week</i>	\$500	\$700
2nd- 3rd	\$1,275	\$1,475
4th-5th	\$1,595	\$1,795
6th- 7th (B'Nei mitzvah training)	\$1,695	\$1,895
Maccabim (8th) – Thursdays, Once a week	\$400	\$750

This Tuition and Payment Agreement must be turned in to **Melissa Thompson** at the temple office via email at Melissa@SephardicTemple.org or to the temple office on the second floor, no later than June 20, 2019 in order to qualify for the early registration discount.

TUITION FEES				
	Name:	Birthdate:	Grade:	Tuition Amount:
Child 1:				\$
Child 2:				\$
Child 3:				\$
Child 4:				\$
Child 5:				\$
			Minus Additional Child Discount*	- \$
			TOTAL TUITION FEES:	\$

* Each additional child enrolled in Hebrew School receives a \$50 credit (deduct above)

All Temple fees for 2019 (dues and donations) must be paid in full prior to Hebrew School registration.

ANCILLARY FEES				
Registration Fee:	# of Children	x	\$25 =	\$
Snack Fee:	# of Children	x	\$125 =	\$
PTA Fee:	# of Children	x	\$55 =	\$
Purim Carnival Fee:	# of Children	x	\$35 =	\$
Volunteer Fee: **	# of Children	x	\$45 =	\$
Magical Shabbat:				
Adults:	# of Adults	x	\$21 =	\$
Children:	# of Children	x	\$14 =	\$
End of Year Banquet:				
Adults:	# of Adults	x	\$21 =	\$
Children:	# of Children	x	\$14 =	\$
			TOTAL ANCILLARY FEES:	\$
			TOTAL TUITION FEES:	\$
			TOTAL FEES DUE:	\$

** Fee will be credited towards next year's Hebrew School tuition if a parent volunteers at the Purim Carnival.

Please Choose a Payment Option

[] Option A:

Payment in full in the amount of \$ _____ **PAID BY JULY 20, 2019**

[] Option B: 1/3 of Total Fees due per month

1. **Payment #1 paid no later than JULY 20, 2019** (non-refundable deposit)
\$ _____ Paid via Post-Dated check # _____ or credit card charge
2. **Payment #2 paid no later than AUGUST 20, 2019**
\$ _____ Paid via Post-Dated check # _____ or credit card charge
3. **Payment #3 paid no later than SEPTEMBER 20, 2019**
\$ _____ Paid via Post-Dated check # _____ or credit card charge

Credit Card Authorization Form

Visa
 Master Card
 American Express

Name on Card:	
Card Number:	
Expiration Date:	CCV #:
Billing Address:	Zip Code:
Authorized User Signature:	Date:

I, _____, authorize Sephardic Temple Tifereth Israel to charge my credit card above for the agreed upon tuition fees. I understand that my information will be saved on file for future transactions on my account.

For office use only: Accepted by Accounting Department on this date: _____