

**Congregation Brith Shalom Religious School**  
**2009-2010 5770**  
**TUITION FORM**

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Person(s) responsible for tuition payment: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

**PLEASE CHECK ONE:**

Pre-K through 2nd Grade  
*Sunday School*

**Early bird discount: \$425**  
**After May 17: \$525**

3rd through 7th Grade  
*Hebrew School*

**Early bird discount: \$700**  
**After May 17: \$800**

8th through 12th Grade  
*Mosad Shalom*

**Early bird discount: \$525**  
**After May 17: \$625**

**TUITION PAYMENT SCHEDULE: Check One**

*(Note: No child will be refused admittance for financial reasons.)*

- Payment in full enclosed.
- Deposit enclosed. Balance due Sept. 1, 2009.
- Deposit enclosed. 50% balance due Sept. 1; remainder due Dec. 31.
- Please have Scholarship Chair contact me to discuss alternative payment arrangements.

***TODAY'S PAYMENT***

**Required Fees**

Tuition (minimum \$250 deposit per family)	\$ _____
Security Fee (one payment per family)	\$ <u>50.00</u>
P.T.O. Dues \$18/child or \$36/family	\$ _____
Snack Fund \$10/child	\$ _____

**Donations:**

Scholarship Fund	\$ _____
Teacher Discretionary Fund	\$ _____
P.T.O. Fund	\$ _____

***Today's Total Payment*** \$ \_\_\_\_\_

Check Number \_\_\_\_\_ Amount \$ \_\_\_\_\_

Visa/MasterCard No. \_\_\_\_\_ Expires \_\_\_\_\_ Amount \$ \_\_\_\_\_

Also charge \$ \_\_\_\_\_ voluntary contribution toward credit card fees. (Suggested donation: 3%)

I understand that Religious School **tuition will not be refunded** except in the event of illness or family move.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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