COHEN HEBREW SCHOOL PRE-REGISTRATION FORM 2018-2019

Thank you for choosing the Cohen School for your family.  Tuition for grades k-7 is $765/child/year.

An enrollment deposit (to be applied toward tuition) of $65 / child is necessary to secure your spot.

Your early registration helps us properly plan for a great year**.  If any personal information has changed since last year, please contact the office for a new registration form or complete form on-line: www.toratyisrael.org**.

***Please complete and sign this form and mail it, along with the deposit amount to:***

***Temple Torat Yisrael, 1251 Middle Rd., East Greenwich, RI, 02818 by June 25, 2018 so we can plan accordingly.***

**Please note, family synagogue membership is required beginning in grade 1.**

**FAMILY NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **# of children enrolling:**  \_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEPOSIT :       *DUE by June 25, 2018*  ($65 x   # of children)  $**

**--------------------------------------------------------------------------------------------------------------------------**

**PAYMENT OPTIONS FOR BALANCE DUE** Tuition for grades k-7 is **$765 / year.**

$765/CHILD/YEAR - $65/CHILD DEPOSIT = BALANCE DUE $700/CHILD/YR

***BY CHECK***

\_\_\_\_\_\_Pay by check **1 payment (AFTER DEPOSIT)** by September 16TH :

   ($**700** X # of children) =  $\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_Pay by checkin **4 installments (AFTER DEPOSIT)**

Please fill in the amount of each payment: ($**175** X    # of children) =  $\_\_\_\_\_\_\_\_\_\_\_

Payments are due 9/16, 10/16, 11/16, and 12/16.

\_\_\_\_\_\_Pay by checkin **6 installments (AFTER DEPOSIT)**

Please fill in the amount of each payment: ($**117** X  # of children) =  $\_\_\_\_\_\_ \_\_\_\_\_

Payments are due on the 16th of each month: September through February.

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***OR***

***BY CREDIT CARD***

We are pleased to offer the convenience of credit card payment, however you will need to cover the **3% service charge**. Please choose a payment option and complete credit card authorization below:

\_\_\_\_\_\_Pay balance **in full (AFTER INITIAL DEPOSIT)** (no service fee) by September 16TH **OR With** **deposit of $65 by June 25, 2018:**  ($**700** X   # of children) = $\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_Pay by credit cardin **4 installments (AFTER INITIAL DEPOSIT)** (includes 3% credit card fee)

Please fill in the amount of each payment: ($**181** X    # of children) =  $\_\_\_\_\_ \_\_\_\_\_

Payments are due 9/16, 10/16, 11/16, and 12/16.

\_\_\_\_\_\_Pay by credit cardin **6 installments (AFTER INITIAL DEPOSIT)** (includes 3% credit card fee)

Please fill in the amount of each payment: ($**121** X  # of children) =  $\_\_\_\_\_\_\_\_\_\_\_

Payments are due on the **16th** of each month: September through February.

*I, the undersigned, authorize Temple Torat Yisrael to charge the amount above to my credit card monthly.* Please circle:

Card #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expires\_\_\_\_\_\_\_\_\_     VISA    or     Mastercard

CSV: \_\_\_\_\_\_\_\_\_\_\_\_  Billing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This authorization shall remain in effect until revoked by me in writing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Card Signature