



An educational partnership between Congregations Beth Shalom and Mosaic Law

Kehillah Registration Application, 2018-2019

Parent's name		Parent's name	
Address		Address (if different)	
City/State/Zip		City/State/Zip (if different)	
Home Phone		Home Phone (if different)	
Cell Phone		Cell Phone	
Work Phone		Work Phone	
Email		Email	
Student #1 Full Name		Student #2 Full Name	
Entering Grade	Public/Private School student attends:	Entering Grade	Public/Private School student attends:
Hebrew Name (In English Letters) Shirt size: _____		Hebrew Name (In English Letters) Shirt size: _____	
Birthday _____ Age as of 09/11/2018 _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthday _____ Age as of 09/11/2018 _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Student #3 Full Name		Student #4 Full Name	
Entering Grade	Public/Private School student attends:	Entering Grade	Public/Private School student attends:
Hebrew Name (In English Letters) Shirt size: _____		Hebrew Name (In English Letters) Shirt size: _____	
Birthdate: _____ Age as of 09/11/2018 _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate: _____ Age as of 09/11/2018 _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Allergies: _____ _____			
Synagogue's Member MLC _____ CBS _____ OTHER _____			

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Tuition and Fees	
Grades & Schedule	Tuition Per Student
Pre-K, K & 1st Grade Sundays only, 9:00am-12:30pm at CBS	\$400 Member \$440 Non-member
2nd- 6th Grade Sun. 9:00am-12:30pm at CBS & Wed. 4:30-6:30pm at MLC	\$800 Member \$880 Non-member
7th Grade – B’nai Mitzvah Wednesdays only, 4:30-6:30pm at MLC	\$400 Member \$440 Non-member

Tuition Payment Agreement

School tuition for the 2018-2019 school year must be paid in full by May 1st, 2019. You can pay online at mosaiclaw.org or cbshalom.org
A non-refundable deposit of \$100 per student is due at the time of registration.

Child 1: Child 2: Child 3: Child 4:

Total Tuition: \$ _____ \$ _____ \$ _____ \$ _____

Total \$ _____

- Please charge my credit card one-time payment of \$ _____.
- Please charge my credit card \$ _____ per month for a total of 7 months, concluding in May 2019.

****There is a 3% charge when paying with credit/debit cards****

Card Type: Visa / MasterCard / American Express (CSC code: _____)

Card # _____ Exp. Date: _____.

Signature of credit card holder: _____.

- Please charge my bank account \$ _____ per month for a total of \$ _____.
(To pay electronically monthly, contact Bookkeepers at your home congregation)

Special arrangements as agreed upon between the Education Director and Parent: _____.

Signature of Parent responsible for payment: _____ Date: _____

Signature of Education Director: _____ Date: _____

** Please note that your payment will be charged through your home congregation.

Notes: _____

** Education Fees are non-refundable

Your signature reflects your personal commitment as well as your authorization for credit card or electronic funds transfer.

Parent/Legal Guardian Signature

Date

