

Congregation Shir Shalom Religious School 2020-21 Tuition & Fees Payment Form

Family Last Name _____ Students' Last Name _____

(if different)

Today's Date: _____

Tuition Schedule:

Program/Grade:	Early Registration: (Until July 15)	Summer Registration: (July 16-August 15)	Regular Registration: (After August 15)
K/1 st Grade	\$820	\$920	\$1,020
Grades 2/3	\$880	\$980	\$1,080
Grades 4-6	\$1,455	\$1,555	\$1,655
Grade 7	\$1,480	\$1,580	\$1,680
SAJE	\$360	\$360	\$360
SMP (1 st year only)	\$775	\$775	\$775

***Bar/Bat Mitzvah Fees: Two installments totaling \$1,250**

The \$1,250 bar/bat mitzvah fee is payable \$625 in Grade 5 and \$625 in Grade 6. These installments may be paid now; otherwise they must be paid, and account must be in good standing, prior to assignment of event date and tutor, respectively.

Registration:

Please enter your information below using the Tuition Schedule above.

Student Name:	Program/Grade:	Tuition: (use "Tuition Schedule" above)
1.		1.
2.		2.
3.		3.
4.		4.
5.	Tuition Subtotal (Add lines 1-4):	5.
6. Administrative Fee <u>Discount</u> - A discount of \$25 per student may be taken if tuition payment is made in full at time of registration.		6. (\$ _____)
7. Required Registration Fee (per family, grades K-7):		7. \$100
8. Voluntary prepayment of bar/bat mitzvah fee: Name of Student: _____		8.
9. Voluntary donation to Molly & Gregory Religious School Scholarship Fund:		9.
10. Total Tuition, Fees and Donation (Add lines 5-9):		10.

- To use a discounted rate, all Religious School tuition and fees must be paid in full by the deadline AND you must be current in your financial commitment to Congregation Shir Shalom.
- Registration is not complete until all Religious School tuition and fees are paid in full and you are current in your financial commitment to Congregation Shir Shalom.

PAYMENT: Make checks payable to: Congregation Shir Shalom

Check # _____ Amount of check/cash: _____ Paid by Cash

Credit Card payments: VISA _____ MASTERCARD _____ AMEX _____

Credit Card # _____ CV2 CODE _____ Exp. Date ____/____

Total credit card amount approved: \$ _____ Authorization (signature) _____

Print Cardholder Name _____ Cardholder Telephone: () _____

Cardholder Address: _____ City/State _____ Zip: _____

[Office Use: ___ Date FFR ___ IGS Y/N]