

FEES ARE DUE WITH REGISTRATION BY JUNE 15th

THANK YOU FOR SUPPORTING OUR CONGREGATION'S COMMITMENT TO JEWISH FAMILY EDUCATION.

Preschool – Grade 3 (Includes all field trips, books and materials)	\$700 per student
Grades 4 – 7 (Includes all field trips, books, materials, weekday classes and B'nei Mitzvah preparation)	\$1100 per student
Grades 8 – 11 (Includes meals, books and materials, travel, retreats, special events and speakers)	\$700 per student
Grade 12 (Includes books, materials, meals, retreat and Rabbis' Honor Cup)	\$300 per student

True expense option

*The true expense of a Jewish education for your child and family at Emanu-El is on average **\$1,852** for each student per year. If you are able, please consider paying this full amount, enabling more students and families to participate in our educational program.

* True expense: \$ _____

Student #1: _____ \$ _____

Student #2: _____ \$ _____

Student #3: _____ \$ _____

TOTAL AMOUNT DUE NOW: \$ _____

Fee Reduction Request:

It is the mission of Congregation Emanu-El to provide a Jewish education to all of its families. Complete all of the information below and submit a letter explaining the circumstances leading to a request for a fee reduction. All fee reduction requests are handled confidentially.

(initial) _____ I am including a deposit of \$180.00 per student

(initial) _____ I can afford to pay a total of \$ _____

(initial) _____ I am requesting a fee reduction of \$ _____

PAYMENT OPTIONS:

Registration will not be processed without payment.

You must be current in all of your membership financial obligations to Congregation Emanu-El.

PLEASE COMPLETE ALL THE CREDIT CARD INFORMATION BELOW. PARTIAL PAYMENT PLANS REQUIRE A C/C NUMBER.

Full Payment Plan: Enclosed with registration.

Two Payment Plan: 50% enclosed with registration; 50% to be charged in January 2011.

Four Payment Plan: \$180.00 per student enclosed with registration.
Remainder to be charged on my credit card in 4 equal payments: beginning October 2010 through January 2011.

I am paying by: Check VISA MASTERCARD AMERICAN EXPRESS

Card # _____ - _____ - _____ - _____

Name on card _____

Verification Code _____
(last 3 or 4 digits on the back of the card)

Exp. Date _____ / _____

Billing Address _____ Zip _____

FOR EDUCATION OFFICE USE ONLY

FOR ACCOUNTING USE ONLY